

**IMPLEMENTATION UPDATE GUIDE
FOR CHCS S/W VERSION 4.602 TO VERSION 4.603
PAS ACCESS TO CARE**

D/SIDDOMS II



**DO 084, FY00 Software Infrastructure Support,
Deliverable Item 05**

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INTRODUCTION - How to Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of the Clinical Tracking Enhancements in Composite Health Care System (CHCS). There is an IUG for each functionality. This IUG is applicable to the PAS and MCP subsystems.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

How To Use This Document – A description of the document and how to use it.

1. SUMMARY OUTLINE – Brief overview of changes. This can be used as a hand-out to all users.
2. SUBSYSTEM CHECKLIST – This is a step-by-step list of pre- and post-install implementation activities.
3. CHANGES AND ENHANCEMENTS – A description of each change with subsections including an Overview, Detail of Change, and File/Table Changes.
4. APPENDIXES - Applicable information pertaining to the implementation of Version 4.6 including Common Files changes, and a Master Checklist for all Subsystems.

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1. SUMMARY OUTLINE

1.1 ACCESS TO CARE

The Access to Care project permits authorized users at a Medical Treatment Facility (MTF) to search in both MCP and PAS for an appointment based on the appointment's Access to Care Category. This project, Access to Care, is designed to calculate the time elapsed between a beneficiary's request for an appointment at the MTF, and the actual date/time of the scheduled appointment with a Health Care Provider. A report may then be generated which calculates the number of appointments that met or did not meet the Access to Care Standard and demonstrated compliance with section 715 of the 1999 National Defense Authorization Act. This change also permits a facility to generate an ASCII file of Access to Care data for transmission to another CHCS platform. Some file/table build will be necessary for clinics that must meet the DOD Access to Care standards.

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2. SUBSYSTEM CHECKLIST

2.1 USER TRAINING

MCP/PAS/DBA Supervisors	Handout of one new field for file/table
MCP/PAS Supervisors and clerks	Handout of Access to Care appointments 30-45 minutes of user training in all booking areas

2.2 IMPLEMENTATION ISSUES

- _____ 1. Clinics must be defined as participating in Access to Care (ATC) via the Clinic Profile (CPRO) in order to be included in ATC reporting.
- _____ 2. The ATC Category is a required field in all MCP/PAS booking options and must be defined before a search is instituted.
- _____ 3. The Priority assigned to Consult Order or referral that may be booked via MCP/PAS dictates the default Access to Care (ATC) Category.
- _____ 4. The requested date of a CLN, APR or ANC order dictates the default ATC category.

2.3 INTEGRATION ISSUES

None

2.4 FILE AND TABLE CHANGES

Every clinic that will be included in Access to Care reporting must have the new field set to “YES” in the clinic profile. The conversion will set this field to “YES” for all clinics. Clinics that will not be included must have the field set to no. MTF supervisors/DBA should know ahead of time which clinics should be set to “NO” and set that field immediately post-load.

Files that have been created or will be have new fields for adhoc purposes are:

<u>File</u>	<u>File Number</u>
- Access to Care category	8510
- Hospital Location	44
- Patient Appointment	44.2
- Appointment Refusal Reason	8570

2.5 SECURITY KEYS

No new Security Keys are associated with this change.

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3. CHANGES AND ENHANCEMENTS

3.1 ACCESS TO CARE

3.1.1 Overview of Change

The Access to Care project permits authorized users at a Medical Treatment Facility (MTF) to search in both MCP and PAS for an appointment based on the appointment's Access to Care Category. This project, Access to Care, is designed to calculate the time elapsed between a beneficiary's request for an appointment at the MTF, and the actual date/time of the scheduled appointment with a Health Care Provider. Reports may then be generated which calculate the number of appointments which met or did not meet the Access to Care Standard and demonstrate compliance with section 715 of the 1999 National Defense Authorization Act. This change also permits a facility to generate an ASCII file of Access to Care data for transmission to another CHCS platform. Some file/table build will be necessary for clinics that must meet the DOD Access to Care standards.

3.1.2 Detail Of Change

3.1.2.1 Identify Clinics for Access to Care Reporting

CHCS will provide the capability for the MTF to identify clinics, which will be included in Access to Care reporting. A new field, "Access to Care Reporting", will be added to the Clinic profile and will default to "Yes".

It is the responsibility of site personnel to determine which clinics (e.g., Primary Care clinics) will or will not be included in Access to Care reporting. Please see section 3.1.3, File and Table changes for additional details on file and table build necessary.

3.1.2.2 Access to Care Standards Overview

A. The Access to Care project will provide enhancements in the MCP (Managed Care) and PAS (Patient Appointment and Scheduling) functionalities in CHCS. It permits authorized users/appointment clerks at the Medical Treatment Facility (MTF) to search for an appointment based on the appointment's Access to Care Category. Those categories are:

Acute:	1 day search
Routine:	7 day search
Wellness:	30 day search
Specialty:	30 day search
Future Request:	90 day search

CHCS will calculate the time elapsed between a beneficiary's request for an appointment at the MTF, and the actual date/time of the scheduled appointment with a Health Care Provider.

Reports may then be generated which calculate the number of appointments which met or did not meet the Access to Care Standards shown above except for "Future Request".

The Access to Care Category, "Future Request", is provided to search for an appointment which can be met in a variable time range and for which there is no defined Access to Care Standard (e.g. a two month post-op appointment). Appointments associated with an Access to Care Category of "Future Request" will not be included in the **Access to Care Summary report** (please see section 3.1.2.8).

Business Rules:

- a. Access to Care calculations are based on the date/time of the appointment request to the date/time of the scheduled "**Booked**" appointment.
- b. The appointment request time will be based on the earliest time the appointment was requested. The request time calculations will be dependent on the method used.
 1. Wait list.
 - (a) Time the wait list request entered in CHCS.
 2. Scheduled order (Order types: CLN,CON,ANC,APR)
 - (a) Time is based on the time the order is activated.
 3. Appointment Referral
 - (a) Time the referral was entered in the system.
 4. Appointment scheduled in PAS or MCP PCM and Nonenrollee Booking not associated with a referral.
 - (a) Time the appointment is booked in MCP/PAS.
- c. The date/time the patient is scheduled ("Booked") to be seen by a HCP will be considered the date/time that the MTF's obligation to provide care is met.

3.1.2.3 File and Table build Process

A. Identify Clinics for Access to Care Reporting.

Clinics which will be included in Access To Care Reporting must have the new field "Access to Care Reporting" set to YES. Please see section 3.1.3.1 for details. The prompt to enter an Access to Care category will be present for any appointment booked regardless of the path (option) used or whether the reporting field is set to "Yes" or "No".

B. Clinical Site Parameters Clinical Site Parameters

In order for a provider to be notified when a patient has not had an appointment order scheduled within 3 days, the field **Appointment Not Made Timeout**, should have the value of 72. The conversion for this project will make this value a maximum of 72 hours. (please refer to section 3.1.3.2 for more details)

C. Clinic Default Device for Appointment Reminders Clinic Default Device for Appointment Reminders

Clinics may be notified via the default printer when an appointment order has not been scheduled within the 3 day **Appointment Not Made Timeout** period. (Refer to section 3.1.3.3 for further details.)

3.1.2.4 PCM Booking (MCP Appointment) for Tricare Prime Enrolled Patients

3.1.2.4.1 Booking actions

A. PCM Booking remains essentially unchanged.

The initial screen the clerk sees is the introductory HEALTH CARE FINDER BOOKING screen with the default action of (P)CM Booking (refer to screen # 1).

===== Screen 1 =====

HEALTH CARE FINDER BOOKING

Patient:	SALMON, PARRI SH	DDS/FMP/SSN:	-/20/123-54-6789
Pat SSN:	123-54-6789	Sex/DOB/Age:	M/01 Jan 1960/39Y
PatCat:	USA ACTIVE DUTY OFFICER	Patient Type:	MCP/ACTIVE DUTY
Elig St/End:	-	CHCS MCP Status:	ENROLLED
Last Elig Ck:	14Dec1999	Enroll St/End:	10Dec1999-
09Dec2000			

Dir Care:	N	CHA:		MED:		ACV:		Reg Code:		DMI S:	
PCM:	CALIF, SONNY	Case Mgmt:	No	PCM Ph#:	87283129						
PCM PLOC:	RAM'S CARDIOLOGY	PCM Location:	DIRECT CARE								

Sponsor:	SALMON, PARRI SH	Spon Rank:	COLONEL
Spon PatCat:	USA ACTIVE DUTY OFFICER	Duty Phone:	
Sponsor UIC:	0009 TRANSPORTATION SQ	DSN:	
Address:			
City:	SAN DIEGO	Home Phone:	
St:	CA	Zip:	92128
Reg Comment:			
O/P Rec Room:			
Reg Updated:	20 Aug 1999@113133		

Select (A)OP, **(P)CM Booki ng**, (R)eferral Booking, (V)iew/Query DEERS,
(F)uture/Past Appts, (L)og Non-MTF Appt, (D)emographi cs/Enrol lment,
(O)utput Products, or (Q)uit: **P// ← default**

===== End Screen # 1 =====

B. User Progress

1. The Access to Care Category field is now required criterion. After the clerk presses return CHCS will prompt the user to enter an ATC Category in order to search for appointments (see screen # 2 below). If an ATC category is not entered, CHCS will not allow the user to continue.

===== Screen # 2 =====

PCM MTF BOOKING SEARCH CRITERIA

Patient:	SALEHI , DARIUSH	FMP/SSN:	20/123-54-6789
Patient Type:	MCP/ACTIVE DUTY	ATC Category:	← (NEW FIELD)
Place of Care:	RAM' S CARDIOLOGY/N-IN	Appt Type:	
PLOC Phone:	87283129	Spec Type:	
Provider:	CALIF, SONNY	Clinic Spec:	
Location:	92121	Provider Spec:	
Date Range:	15 Dec 1999 to 12 Apr 2000	Days of Week:	M TU W TH F SA
SU			
Time Range:	0001 to 2400		

-

Patient Home Phone:

Patient Duty Phone:

----- ATC Category is required -----

-

Select Access to Care Category: ACUTE ←-- (NEW PROMPT W/ AN ENTRY)

===== End screen # 2 =====

2. CHCS will subsequently search for appointments based upon the Access to Care Category specified by the user. The possibilities that a user may enter are:

Acute:	1 day search
Routine:	7 day search
Wellness:	30 day search
Specialty:	30 day search
Future Request:	90 day search
3. The next screen displays schedules for the patient's PCM or a prompt to select the PCM's alternate Place of Care or an alternate PCM. The different scenarios introduced with SMMR1 remain unchanged.
4. The booking clerk may then select an appointment to book when the schedules display (refer to screen # 3) just as they were able to previously and the ATC information will be capture in the Access to Care Summary Report. The user may also choose to expand an appointment or select no appointments and exit the screen by pressing the Return key.

```

===== Screen # 3 =====
                          PCM BOOKING
Patient:  SALMON, PARRI SH          FMP/SSN:  20/123-54-6789
Patient Type:  MCP/ACTIVE DUTY      ATC Category:  ACUTE
Place of Care:  RAM' S CARDI OLOGY/N-I N  Appt Type:
PLOC Phone:    87283129             Spec Type:
Provider:      CALI F, SONNY         Clinic Spec:
Location:      92121                Provider Spec:
Date Range:    13 Dec 1999 to 12 Apr 2000  Days of Week:  M TU W TH F SA
SU
Time Range:    0001 to 2400
-----
TUE 0700 14 Dec 99 NEW    1/0
TUE 0730 14 Dec 99 NEW    1/0
TUE 0800 14 Dec 99 NEW    1/0
TUE 0830 14 Dec 99 NEW    1/0
TUE 0900 14 Dec 99 NEW    1/0
TUE 0930 14 Dec 99 NEW    1/0
+ TUE 1015 14 Dec 99 FOL    1/0
-----
Use SELECT key to select appointment(s) to be booked
Press F9 to view additional appointment data

```

===== End Screen # 3 =====

5. CHCS will capture the date/time of the appointment request and store that information in the Patient Appointment file (#44.2) When booking an appointment in the MCP BHCF PCM/Non-Enrolled booking options, the time of appointment request will be the date/time when the appointment is entered into CHCS. The system will also capture the date/time of the scheduled ("Booked") appointment and the associated Access to Care Category (e.g. "Acute") of the "Booked" appointment and store that information in the Patient Appointment file.

CHCS will subsequently calculate the elapsed time from the date/time of the appointment request until the date/time the appointment is scheduled ("Booked"). The elapsed time will be used to determine if the appointment met or did not meet the Access to Care Standard associated with the appointment and will be included in the Access to Care Summary Report.

3.1.2.4.2 Expanding an appointment on the appointment picklist

An appointment may be expanded prior to booking by using the F9 key. If done, the expanded appointment displays three Access to Care related fields that indicate whether the clinic is included in ATC reporting or not, the ATC category of the appointment and the related ATC Standard. Please refer to screen # 4 below.

===== Screen # 4 =====

PCM BOOKING

Patient:	SALMON, PARRISH	FMP/SSN:	20/123-54-6789
Patient Type:	MCP/ACTIVE DUTY	ATC Category:	ACUTE
Place of Care:	RAM'S CARDIOLOGY/N-IN	Appt Type:	
PLOC Phone:	87283129	Spec Type:	
Provider:	CALIF, SONNY	Clinic Spec:	
Location:	92121	Provider Spec:	
Date Range:	13 Dec 1999 to 12 Apr 2000	Days of Week:	M TU W TH F SA SU
Time Range:	0001 to 2400		

Facility:	NMC PORTSMOUTH	ATC Reporting:	YES
Division:	NAVY INPATIENT DIVISION	ATC Category:	ACUTE
Building Name:	WHITE ELEPHANT	ATC Standard:	24 HRS
Building Number:	2354		
Street Address:	123 MAIN		
ZIP:	92121		
City:	LA JOLLA		
State:	CALIFORNIA		
Name:	USNH CARDIOLOGY		
Clinic Location:			
Clinic Availability:			
Telephone:	87283129		
Provider:	CALIF, SONNY		

-
Press RETURN to continue

===== End of Screen # 4 =====

3.1.2.4.3 Expanding the date range to search for appointments, ATC alert message and Appointment Refusal

A. Expanding the Date Range when no appointments are available within the ATC category range

1. CHCS will allow a user to expand the date range in order to search for additional appointments, if necessary. If the user performs an appointment search for an ATC category (e.g. Acute), and there are no available appointments within the specified ATC timeframe, CHCS will display a message in the middle window of the screen **that there are no available appointments** and will prompt the user to expand the date range in order to search for additional appointments.

2. If an appointment is selected which is outside of the timeframe associated with the Access to Care Standard of the appointment, the system will display a message on the screen indicating the appointment is outside the Access to Care Standard (the appointment is later than recommended).

B. Expanding the Date Range when appointments are available within the ATC category range

1. If the user performs a search for appointments and specifies an ATC category and date range, the system will check to see if earlier appointments are available within the recommended ATC Standard.
2. If earlier appointments are available, a message will be displayed to the user (refer to screen # 5).

===== Screen # 5 =====

FILE APPOINTMENT	
Patient: EDDY, MICHAEL	FMP/SSN: 01/991-27-7242
Clinic: FAMILY PRACTICE - NI	ATC Category: ACUTE
Clinic Phone: 234-0932	Appt Type:
Provider: SMITH, JOHN	Srv Type:
Time Range: 0001 to 2400	Duration:
Dates: 01 Aug 1999 to 04 Aug 1999	Days of Week:

TUE 1400 04 Aug 99 NEWBN 1/0	SMITH, JOHN

-----Select Slot 1 of 1 -----
This appointment is outside the Access to Care Standard.
Earlier appointments are available within the Access to Care Standard.
Select (B)ook, (S)kip appt, or (Q)uit: B// B

===== End of Screen # 5 =====

3. The user can (B)ook the appointment, (S)kip the appointment, or quit and exit from the screen. If the appointment is booked, CHCS will capture:
 - The date/time the appointment was booked.
 - The Access to Care Category of the booked appointment.
4. If an appointment which is outside the Access to Care Standard is booked, and there are appointments available within the Access to Care standard:
 - CHCS will automatically access the Appointment Refusal screen after filing the booked appointment. (see screen # 6 below)

The same actions described above work similarly in MCP Non-Enrolled Booking, MCP Referral Booking, and PAS BOK option.

C. Appointment Refusals

The Appointment Refusals, generated automatically when an appointment is selected and booked outside the Access to Care standards, will display as seen in screen # 6 below.

1. The Appointment Refusal will display the default reason, **11 ATC DECLINED - PATIENT PREFERENCE**. The refusal code (11 ATC DECLINED - PATIENT PREFERENCE) will be added in a conversion and be available in the system. The reason will default and display to the user when accessing Appointment Refusals through this means.
2. The Refusal Status will default to: MTF declined.
3. This permits documentation for the appointments that were available within the ATC Standard and were refused.
4. CHCS displays the Access to Care Category of the refusal but does not allow editing of that field.
5. The user will have the capability to enter a free text reason for the refusal.
6. Appointment Refusals with a refusal code of ATC DECLINED - PATIENT PREFERENCE and ATC REQUEST LATE-PATIENT CALLED IN LATE FOR APPOINTMENT will be subsequently included in the Access to Care Summary report.

```

===== Screen # 6 =====
APPOINTMENT REFUSALS: 10 Dec 1999@085828                APPOI NTMENT
REFUSAL

      Pati ent:  SALMON, DARI USH                FMP/SSN:  20/123-54-6789
Pati ent Category:  USA ACTIVE DUTY OFFICER        Pat SSN:   123-54-6789
      DOB/Age:  01 Jan 1960/39Y                DDS:
      Case Mgmt:  NO                            SEX:  MALE
Pati ent Type:  ACTIVE DUTY                    MCP STATUS:
      PCM:                                           PCM Phone:

=====
Referral Number:                Refusal Date/Ti me: 10 Dec 1999@0858
  ATC Category:  ACUTE  ←(New)                Locati on:
      Speci al ty:                Provi der:  CALI F, SONNY
Place of Care:  RAM' S CARDI OLOGY        Prov Spec:
      Clin Spec:                HCF:  CANAS, RAM
Refusal Status:  MTF DECLINED
Refusal Reason:  11 ATC DECLINED - PATIENT PREFERENCE _(defaul t)
Refused Provi der:
Refusal Reason:  (Free Text)
Patient had to go to the commi ssary.

      HCF Comment:

Ask for Hel p = HELP      Screen Exi t = F10      Fi le/Exi t = D0      INSERT OFF

===== End of Screen # 6 =====

```

In the case where a patient called in late (outside the Access to Care Standard) for an appointment associated with a referral or clinical order, CHCS will automatically access the Appointment Refusal screen and enter the reason (**12 ATC REQUEST LATE – PATIENT CALLED IN LATE FOR APPOINTMENT**).

The clerk can still book to an available appointment outside the Access to Care Standard but CHCS will automatically access the Appointment Refusal reason with the Refusal Reason of “Patient called in late”. This appointment refusal will subsequently be included in the Access to Care Summary report.

The same actions described above work similarly in MCP Non-Enrolled Booking, MCP Referral Booking, and PAS BOK option.

3.1.2.4.4 Placing a patient on the Waitlist

If the user does not select any appointment from the picklist and presses the Return key, CHCS displays the normal action-bar (refer to screen # 7) that permits the clerk to place a patient on a waitlist. Similarly, if there are no available appointments the patient may be placed on the Wait-List.

```
===== Screen # 7 =====
                        PCM MTF BOOKING SEARCH CRITERIA
Patient:  SALMON, PARRISH                      FMP/SSN:  20/123-54-6789
Patient Type:  MCP/ACTIVE DUTY                  ATC Category:  ACUTE
Place of Care:  RAM'S CARDIOLOGY/N-IN          Appt Type:
PLOC Phone:  87283129                          Spec Type:
Provider:  CALIF, SONNY                        Clinic Spec:
Location:  92121                              Provider Spec:
Date Range:  14 Dec 1999 to 15 Dec 1999        Days of Week:  M TU W TH F SA
SU
Time Range:  0001 to 2400
-----
Patient Home Phone:                          Patient Duty Phone:

-----
Select (C)hange Search Criteria, Appt (S)earch, Appt (R)efusal, (B)rowse,
(W)ait List Add, (T)el-Consult, or (Q)uit: S//
===== End of Screen # 7 =====
```

The user can select an action from the action-bar (e.g. Wait List Add).

If the patient is placed on a waitlist, **the date/time of the appointment request will be the date/time the patient was placed on a waitlist**. When the patient is subsequently booked from a

waitlist request, the system will capture the Access to Care Category of the "Booked" appointment.

The same actions described above work similarly in MCP Non-Enrolled Booking, MCP Referral Booking, and PAS BOK option.

3.1.2.4.5 Canceling and rescheduling appointments

Currently CHCS functionality provides the capability to cancel an appointment via the options of Cancel by Patient and Cancel by Facility. CHCS then can distinguish whether an appointment has been cancelled by a patient or by the facility.

1. CANCEL BY PATIENT
Menu paths: CA>PAS>C>CBP
CA>PAS>M>CMCP
CA>PAS>M>HMCP>CHCF

The user may cancel an appointment by patient by accessing existing Cancel by Patient menu options.

- a. An appointment cancelled by the patient will be omitted when calculating the number of appointments, which met or did not meet access to care standards.

If the patient cancels the original appointment, and then reschedules another appointment, CHCS will use the **time the appointment is rescheduled as the request time for the second appointment.**

*****Note:**

MCP menu options, CMCP/CHCF, now permit rescheduling of any appointment without regard of where it was booked originally.

- 2 CANCEL BY FACILITY
Menu path: CA>PAS>S>S>M>CMSC

- a. An appointment cancelled by facility will be considered in determining the number of appointments that met or did not meet Access to Care Standards.
- b. If an appointment is cancelled by the facility without immediately rescheduling the appointment, this appointment will be reported as not meeting the Access to Care Standard for the clinic.
- c. If an appointment is immediately rescheduled by the facility, using the Notify option (Path:CA>PAS>S>S>NOT> CNOT), CHCS will capture the **date/time of the initial appointment request** which will be used to determine if the rescheduled appointment met the Access to Care Standard.

The same actions described above work similarly in MCP Non-Enrolled Booking, MCP Referral Booking, and PAS BOK option.

The T-CON and Browse action bar options remain unchanged and are unaffected by the Access to Care changes. They are not included in the Access to Care Summary Report.

3.1.2.5 MCP Referral Appointment Booking

Currently the CHCS Managed Care Program (MCP) functionality provides a booking clerk/Health Care Finder the ability to enter a referral and then book an appointment via the option REFERRAL Booking. A new field, **ATC CATEGORY**, has been added to the initial Referral Enter/Edit screen (refer to screen # 8 below) in order to comply with Access to Care standards.

Menu path: CA >PAS >MAN >HMCP >BHCF >(R)>(A) (Health Care Finder Booking)

1. User enters patient name at the name prompt
2. System performs DEERS check
3. Select **(R)eferral Booking**
4. User selects **(A)dd** to add referral
5. CHCS displays the prompt to create a CON Order?
6. The existing CHCS Referral Enter/Edit screen (screen # 8) displays:

```
===== Screen # 8 =====
MCP Referral : 19990000829          Referral Date/Time: 30 Jun 1999@1352

                                REFERRAL ENTER/EDIT
      Pati ent: WI LLI AMS, JESSI CA          FMP/SSN: 02/653-27-7242
      Pat SSN: 444-27-7242                  Sex/DOB/Age: F/18 Jan 1990/09Y
      Pat Cat: USN ACTIVE DUTY              Patient Type: ACTIVE DUTY
      Home Zi p: 92118                      Duty Phone:
      Home Phone:                          Work Phone:
                                           Primary OHI :

=====
      Referred by: BAKER, TONYA              Referral from: MRN OUTPATIENT
      Pri ori ty: 72 HRS                      # of Vi s i t s Requested: 1
      ATC Category: ROUTINE (new fi el d)      Appt Type:
      Cl i n i c Speci al ty:                  Start Date: 30 Jun 1999
      Prov Speci al ty:                        Stop Date: 01 Jul 1999
      Pl ace of Care: I N T E R N A L M E D I C I N E C L I N I C  Start Time: 0001
      Provi der:                               Stop Time: 2400
      Spec Type:                               Days of Week: M T U W T H F S A S U
      Locati on:                               Prefer Gender:
      Language:

===== End of Screen # 8 =====
```

The new field, ATC Category, will be displayed on the screen and will not be editable unless the Priority is changed (screen # 8).

- a. The defaulted ATC Category will be based on the priority entered by the user.
- b. For subsequent appointments (follow-ups) associated with a referral, the user will be prompted to enter an Access to Care Category for each visit [e.g. the second, third, ...visit] being booked.
- c. The "Stop Date" default date will also default for any follow-up visits. Extend the stop date during the initial Referral entry if there are to be follow-up visits or use the (M)odify option before booking subsequent appointments.

***** Note:**

When entering a referral, the date/time of the appointment request will be the date/time the referral is entered in the system for the initial (first) appointment only. For subsequent appointments (follow-ups), the date/time of the appointment request will be the date/time the patient requests an appointment.

After the user populates required fields for the referral, the user can select "(B)ook" to book the appointment as well as any subsequent visits.

Currently CHCS functionality searches for appointments based on the criteria entered by the user (e.g. Start Date and Priority) Existing priorities and their default ATC Category are:

Pri ori ty	Current Search	New Search	Defaul t ATC Category
-----	-----	-----	-----
STAT	T	T+1	Acute
ASAP	T	T+1	Acute
TODAY	T	T+1	Acute
24 HRS	T+1	T+1	Acute
48 HRS	T+2	T+2	Routi ne
72 HRS	T+3	T+3	Routi ne
PREOP	T+42	T+30	Speci al ty
ROUTI NE	T+42	T+30	Wel l ness

The example below in screen # 9 displays an ATC category of Routine with a stop date of T+3.

```

===== Screen # 9 =====
                        SINGLE PATIENT BOOKING
Patient: WILLIAMS, JESSICA                      FMP/SSN: 02/444-27-7242
Patient Type: FAM MBR ACTIVE DUTY              ATC Category: ROUTINE
Place of Care: INTERNAL MEDICINE CLINIC - NI    Appt Type:
PLOC Phone: 234-0932                          Spec Type: INTERNAL MEDICINE
Provider:                                     Clinic Spec: INTERNAL MEDICINE
Location: 23708                               Prov Spec:
Date Range: 01 Aug 1999 to 04 Aug 1999        Days of Week: M TU W TH F SA SU
-----
* TUE 1230 01 Aug 99 FOLRT 1/0                WALKER, FRANK
  TUE 1230 01 Aug 99 FOLRT 1/0                ALEXANDER, N
  TUE 1300 01 Aug 99 FOLRT 1/0                WALKER, FRANK
  TUE 1300 01 Aug 99 FOLRT 1/0                ALEXANDER, N
  TUE 1330 01 Aug 99 FOLRT 1/0                WALKER, FRANK
  TUE 1330 01 Aug 99 FOLRT 1/0                ALEXANDER, N
  TUE 1400 01 Aug 99 FOLRT 1/0                WALKER, FRANK
+  TUE 1400 01 Aug 99 FOLRT 1/0                ALEXANDER, N
-----
Use SELECT key to select appointment to be booked
Press F9 to view additional appointment data
===== End of Screen # 9 =====

```

Booking an appointment through Referral Booking remains the same except for the following items:

- a. CHCS will capture ATC Category of the appointment, the date/time the referral is entered in the system and the date/time of the scheduled appointment.
- b. The elapsed time between the time the referral is made and the time of the scheduled appointment will be used to determine if an appointment met or did not meet the Access to Care Standard for the appointment.
- c. The user will be able to indicate if the beneficiary refused an available appointment and will be able to enter a refusal reason including the new Refusal reasons.
- d. Appointments booked to the external MCP provider network will not be included in the Access to Care project.
- e. T-Cons, the Wait-list, Browse work as in previous versions.
- f. Appointment Refusals entered from Referral Booking will default the ATC Category only for the initial visit. The ATC category is not defaulted for subsequent appointments nor is the field accessible.

(It should be noted that clerks will not be able to change the Access to Care category by selecting Change search criteria and entering a different Access to Care category.)

3.1.2.6 MCP Appointment Booking for Non-Enrolled Patients

3.1.2.6.1 Booking process

- A. The booking process through Non-Enrolled booking remains essentially unchanged except for the following.
1. At the first screen, press return as previously accepting the (N)on-Enrolled booking default.
 2. The next screen with the search criteria displayed in the middle window shows the field, Access to Care Category, at the very top of the list and is already pre-selected by CHCS (see screen # 10 Below).
 3. If the user presses return a second time a prompt displays at the bottom of the screen requiring input for an ATC Category (see screen # 11)

```
===== Screen # 10 =====
                        NON-ENROLLEE BOOKING SEARCH CRITERIA
Patient:  DELEON, ANDREAS FRANCIS          FMP/SSN:  20/620-05-8597
Patient Type:  ACTIVE DUTY                  ATC Category:  ← (new)
Place of Care:                               Appt Type:
PLOC Phone:                               Spec Type:
Provi der:                               Cl i n i c Spec:
Locati on:                               Provi der Spec:
Date Range:  13 Dec 1999 to 24 Jan 2000    Days of Week:  M TU W TH F SA
SU
Time Range:  0001 to 2400
-----
-
* Access to Care Category ←----- (New Cri teri on)
  Locati on
  Speci al ty
  Place of Care
  Provi der
  Appoi ntment Type
+   Dates
-----
-
Use SELECT key to select SEARCH CRITERIA
===== End Screen # 10 =====
```

User presses return and the next screen (screen # 11) with the ATC Category prompt appears.

=====Screen # 11=====

NON-ENROLLEE BOOKING SEARCH CRITERIA

Patient:	DELEON, ANDREAS FRANCIS	FMP/SSN:	20/620-05-8597
Patient Type:	ACTIVE DUTY	ATC Category:	← (new)
Place of Care:		Appt Type:	
PLOC Phone:		Spec Type:	
Provider:		Clinic Spec:	
Location:		Provider Spec:	
Date Range:	13 Dec 1999 to 24 Jan 2000	Days of Week:	M TU W TH F SA
SU			
Time Range:	0001 to 2400		

-
* **Access to Care Category**

Location

Specialty

Place of Care

Provider

Appointment Type

+ Dates

Select Access to Care Category: ←----- (New Prompt)

=====End Screen # 11=====

4. The clerk may then enter an ATC Category and see open appointments for the Place of Care (Clinic) selected after pressing return again.
 5. The ATC Category selected will display in the top portion of the screen (refer to screen # 11 above)
 6. The clerk may then continue booking as in previous CHCS versions.
- B. Appointments may also be expanded using the F9 key and display the ATC related fields described in section 3.1.2.2 (PCM Booking).
- C. If the clerks elects to select an appointment beyond the ATC Category default, CHCS will display the Appointment Refusal screen immediately after filing the new appointment. See section 3.1.2.2.2 for a description of the process.
- D. Patients may also be added to the Wait-list according to the rules described in section 3.1.2.2, PCM Booking.

3.1.2.7 PAS Appointment Booking via option BOK

3.1.2.7.1 Scenario 1: Booking an appointment in PAS

The initial PAS option BOK booking screen has been changed to accommodate Access to Care changes. The new field **ATC CATEGORY** is seen in the search criteria portion of the screen below (refer to screen # 12). Screen # 12 below shows the new and old action bars for comparison. Only the new action bar will actually be seen in a live CHCS system.

1. Menu path: CA > PAS > C > BOK
2. System displays existing screen and user selects (C)hange search criteria.
3. Actions previously on the initial BOK action bar will still be available after entering the required criteria of ATC category, patient and clinic or provider.

===== Screen # 12 =====

BOOKING SEARCH CRITERIA	
Patient: EDDY, MICHAEL	FMP/SSN: 01/991-27-7242
Clinic: FAMILY PRACTICE - NI	ATC Category: _ (New Field)
Clinic Phone: 234-0932	Appt Type:
Provider: SMITH, JOHN	Srv Type:
Time Range:	Duration:
Dates:	Days of Week:

NEW BOK ACTION BAR

---Access to Care Category, Patient and Clinic or Provider are required-----
Select (C)hange Search Criteria, or (Q)uit: C//

OLD BOK INITIAL ACTION BAR

Select (C)hange Search Criteria, (B)rowse, (W)ait List Add, (M)ultiple
Clinic,
(F)amily, or (Q)uit: C//C

===== End of Screen # 12 =====

Please note the position of the new field, **ATC Category**, as it displays on the screen in screens # 12 above and screen # 13 below.

Note also the new requirements for minimum search criteria in screen # 13 below.

===== Screen # 13 =====

BOOKING SEARCH CRITERIA

Patient: EDDY, MICHAEL	FMP/SSN: 01/991-27-7242
Clinic: FAMILY PRACTICE - NI	ATC Category: _(New Field)
Clinic Phone: 234-0932	Appt Type:
Provider: SMITH, JOHN	Srv Type:
Time Range:	Duration:
Dates:	Days of Week:

- * Access to Care Category
- * Patient
 - Clinic
 - Provider
 - Appointment Type
 - Provider
 - Clinic
 - Dates
 - Time Range
 - Days of Week
 - Duration
- + Service Type

---Access to Care Category, Patient, and Clinic or Provider are required.----

-

Use SELECT key to select SEARCH CRITERIA to be changed

===== End of Screen # 13 =====

4. The Access to Care Category and Patient fields are now required criteria and will be pre-selected by CHCS on the criteria list. After the booking clerk additionally selects and enters the patient's name and either Clinic or Provider, the system will prompt the user to enter an Access to Care Category in order to search for appointments. The user/appointment clerk must enter the correct ATC Category. (refer to screen # 14 below).
5. CHCS will subsequently search for appointments based upon the Access to Care Category specified by the user. The possibilities that a user may enter are:

Acute: 1 day search
Routine: 7 day search
Wellness: 30 day search
Specialty: 30 day search
Future Request: 90 day search

===== Screen # 14 =====

BOOKING SEARCH CRITERIA

Patient: EDDY, MICHAEL	FMP/SSN: 01/991-27-7242
Clinic: FAMILY PRACTICE - NI	ATC Category:
Clinic Phone: 234-0932	Appt Type:
Provider: SMITH, JOHN	Srv Type:
Time Range:	Duration:
Dates:	Days of Week:

- * Access to Care Category
- * Patient
- Clinic
- Provider
- Appointment Type
- Provider
- Dates
- Time Range
- Days of Week
- Duration
- + Service Type

Select Access to Care Category: ACUTE

===== End of Screen # 14 =====

6. After the clerk enters an Access to Care Category (e.g. Acute) and the required search criteria, the system will display an existing screen (screen # 15 below) that defaults to (S)ingle Patient appointment search.

===== Screen # 15 =====

BOOKING SEARCH CRITERIA

Patient: EDDY, MICHAEL	FMP/SSN: 01/991-27-7242
Clinic: FAMILY PRACTICE - NI	ATC Category: ACUTE
Clinic Phone: 234-0932	Appt Type:
Provider: SMITH, JOHN	Srv Type:
Time Range: 0001 to 2400	Duration:
Dates: 01 Aug 1999 to 02 Aug 1999	Days of Week:

Select (C)hange Search Criteria, (S)ingle Patient, (B)rowse, (W)ait List Add,
(T)el-Consult, (M)ultiple Clinic, B(l)ock, (F)amily, or (Q)uit: S//

===== End of Screen # 15 =====

7. The user may then select "S" (Single patient) search from the action-bar. CHCS will search for available appointments based on the search criteria entered by the user (e.g. Access to Care Category = "Acute").

The results will display a picklist of patient appointments on an existing screen (screen # 16).

```
===== Screen #16 =====
                        SINGLE PATIENT BOOKING

Patient:  EDDY, MI CHAEL                      FMP/SSN:  01/991-27-7242
Clinic:  FAMILY PRACTICE - NI                 ATC Category:  ACUTE
Clinic Phone:  234-0932                       Appt Type:
Provider:  SMITH, JOHN                         Srv Type:
Time Range:  0001 to 2400                     Duration:
Dates:  01 Aug 1999 to 02 Aug 1999            Days of Week:

-----
-
TUE 1100 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1130 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1200 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1230 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1300 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1330 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1400 01 Aug 99 NEWBN 1/0                SMITH, JOHN
TUE 1430 01 Aug 99 NEWBN 1/0                SMITH, JOHN
+ TUE 1500 01 Aug 99 NEWBN 1/0                SMITH, JOHN
-----
-
Use SELECT key to select appointment(s)
Press F9 to view additional appointment data
===== End of Screen # 16 =====
```

8. The user may select an appointment from that list to book, expand an appointment, or select no appointments and exit the screen by pressing the Return key.

If the user selects an appointment, CHCS will display the standard PAS action-bar and booking screen to allow the user to book the appointment (refer to screen # 17).

===== Screen # 17 =====

FILE APPOINTMENT

Patient: EDDY, MICHAEL FMP/SSN: 01/991-27-7242
Clinic: FAMILY PRACTICE - NI ATC Category: ACUTE
Clinic Phone: 234-0932 Appt Type:
Provider: SMITH, JOHN Srv Type:

Time Range: 0001 to 2400 Duration:
Dates: 01 Aug 1999 to 02 Aug 1999 Days of Week:

-
TUE 1100 01 Aug 99 NEWBN 1/0

-
Select (B)ook, (S)kip appt, or (Q)uit: B// B

===== End of Screen # 17 =====

9. CHCS will capture the date/time of the appointment request and store that information in the Patient Appointment file (#44.2) When booking an appointment in the PAS BOK option, the time of appointment request will be the date/time when the appointment is entered into CHCS. The system will also capture the date/time of the scheduled ("Booked") appointment and the associated Access to Care Category (e.g. "Acute") of the "Booked" appointment and store that information in the Patient Appointment file.

CHCS will subsequently calculate the elapsed time from the date/time of the appointment request until the date/time of the scheduled("Booked") appointment (e.g. Appointment Status = "Pending"). The elapsed time will be used to determine if the appointment met or did not meet the Access to Care Standard associated with the appointment.

3.1.2.8 Appointment Order Processing Booking (AHCF/AOP)

A MENU PATHS: CA > PAS > M > HMCP > AHCF
CA > PAS > M > HMCP > BHCF > (A)OP

B. Appointment Orders that may be booked via these pathways originate in Clinical Order Entry and are:

CON (Consult order)
CLN (Clinic Appointment)
ANC (Ancillary procedure)
APR (Ambulatory Procedure Request)

1. CON Orders

- a. CON orders must first be reviewed.
- b. Refer to the CONSULT TRACKING ENHANCEMENTS IUG for new Consult Tracking Booking Rules.
- c. The priority for a Consult is entered by a Provider in Order Entry and controls the ATC Category. (please see screens #18 and Table #1)
- d. Once the clerk enters "B" to book the appointment, the schedules displayed will automatically be limited to conform with the ATC Category rules. The user does not receive a prompt to enter an ATC Category.
- e. The rules for expanding an appointment, changing the date ranges, appointment refusals, Wait-list, and booking an appointment beyond and ATC Category default are contained in section 3.1.2.4 PCM Booking.
- f. Tel-Cons and use of the Browse option remain unchanged in this section from the Consult Tracking IUG Rules.

```
===== Screen #18 =====
                        BOOK APPOINTMENT REQUESTS
Patient:  SALEHI , DARI USH
Provider:
Clinic:
Clinic Specialty:
Consult Procedure:
Date Range:  ALL DATES

-----
-
Patient          ACV  Procedure/Type          Prior  Dt Ent  Appt Rqst  Sts
-----
-
  SALEHI , DARI USH          RAM CARDIOLOGY CONSULT  24hr   15Dec  APPOINT TO MTF

Consult Procedure:  RAM CARDIOLOGY CONSULT
Reason for Consult:
test

          Priority:  24HR                      Request for Advice Only:  NO  ←(NEW)
          Requesting HCP:  CANAS, RAM              Date Ordered:
15Dec1999@1606
          Provisional Diagnosis:  Heart Attack
Clinic Specialty:  CARDIOLOGY                    Provider Specialty:
          Clinic:  RAM' S CARDIOLOGY                Provider:

-----
-
Select (A)ppt Refusal, (B)ook Appt Request, (V)iew Appt Request,
De(M)ographics, or (Q)uit:  B

===== End Screen #18 =====
```


2. CLN

- a. CLN orders will continue to use existing priorities of STAT, ASAP, PREOP, and ROUTINE.
- b. The Requested Appointment will be used to determine the associated ATC Category for reporting purposes for CLN Orders.

3. ANC

- a. ANC orders will continue to use existing priorities of STAT, ASAP, PREOP, and ROUTINE.
- b. The Requested Procedure Date will be used to determine the associated ATC Category for reporting purposes for ANC Orders.

4. APR

- a. APR order type does not contain the "Priority" field on the APR order entry screen. CHCS will use the Requested APV Date/Time to determine the associated ATC category for reporting purposes: (see Table # 1)

Table # 1:

Time to Requested Appointment/Procedure Date	ATC Category
Time <= 24 hours	Acute
24 Hr < Time <= 1 Week	Routine
1 Week < Time <= 1 Month	Specialty
Time > 1 Month	Future Request

- b. If the time from the order entry date to the requested date of the procedure is 24 hours or less, the procedure will be associated with an "Acute" ATC category.
- c. If the time from the order entry date to the requested date of the procedure is greater than 24 hours but less than or equal to one week, the procedure will be associated with an "Routine" ATC category.
- d. If the time from the order entry date to the requested date of the procedure is greater than one week but less than or equal to one month, the procedure will be associated with an "Specialty" ATC category.
- e. If the time from the order entry date to the requested date of the procedure is greater than one month, the procedure will be associated with a "Future Request" ATC category.

3.1.2.9 Order Entry: Appointments associated with Clinical Orders

- A. Currently CHCS provides the capability to associate an order with an appointment during Order Entry. This project will capture Access to Care information for those orders linked to an appointment. The following order types can be associated with an appointment and will be included in data captured for Access to Care:

CON	(Consult order)
CLN	(Clinic Appointment)
ANC	(Ancillary procedure)
APR	(Ambulatory Procedure Request)

- B. The CHCS CLINICAL functionality permits providers the ability to enter an order (e.g. for a consult) which may then be booked in MCP to an appointment in the Health Care Finders option, AHCF or BHCF(Aop).

1. Menu path: CA > CLN > PHY > ORE
2. Enter patient name at the Name prompt.
3. Enter "New" at the Action prompt
4. Enter "Con"(or other order type) at the order type prompt
5. Enter name of consult
6. CHCS displays existing consult screen; the user enters required consult information and files consult.
7. User quits Patient Order List (POL) and activates order.

- C. For "Scheduled" orders linked to an appointment, the date/time the order is activated will be considered the date/time of the appointment request.(**Order Date/Time Activation = Date/Time of Appointment Request**)

(**Note:** The date/time the order is activated is approximately the User signature date/time when the order is entered on a current, active page, in the Patient Order List.

- D. The priority of the order will be used to determine the defaulted Access to Care Category of the (Consult) order (refer to table # 1 below).

Table # 1:

Pri ori ty	Current Search	New Search	Defaul t ATC Category
-----	-----	-----	-----
STAT	T	T+1	Acute
ASAP	T	T+1	Acute
TODAY	T	T+1	Acute
24 HRS	T+1	T+1	Acute
48 HRS	T+2	T+2	Routi ne
72 HRS	T+3	T+3	Routi ne
PREOP	T+42	T+30	Speci al ty
ROUTI NE	T+42	T+30	Wel l ness

- E. After a consult order is activated, the consult order must be reviewed and then booked using existing CHCS Consult Tracking functionality (refer to section 3.1.2.6 and the Consult Tracking IUG).

Note: CHCS will search for appointments based from the date/time the clerk begins searching for an appointment to the end of the timeframe associated with the defaulted Access to Care Category.

If the user books an appointment which is outside the Access to Care Standard, and there are earlier available appointments, the system will provide the capability to enter an appointment refusal.

When the patient is subsequently scheduled for an appointment, the system will capture the date/time of the "Booked" appointment (Appointment status = "Pending"). The elapsed time between the time of the appointment request and the time the patient is scheduled for an appointment will be used to calculate whether an appointment met or did not meet the Access to Care Standard for the appointment.

F. Clinical appointment reminder message

1. Existing CHCS functionality provides the capability to notify a Provider if an appointment is not made within a site-specified timeframe. Currently, the user may enter a value from 0-99 hours in the Appointment Not Made Timeout field. With Access to Care functionality, the software will be modified to allow only a value from 0-72 hours (3 days). Please refer to section 3.1.3.2 for more details.
2. A conversion will be run to limit the value of the Appointment Not Made Timeout field to 72 hours, if the value in the Appointment Not Made Timeout field is greater than 72 hours.
3. Once the value in this field is populated, the system will send a message to the ordering Provider if an appointment has not been made within the specified time (e.g. 72 hours). MTF Providers should read their CHCS mail daily.
4. Clinic Notification
 - a. CHCS will determine if the order is associated with a scheduled clinic appointment and send a message to the clinic associated with the "scheduled" (Con, Cln, Anc, or Apr) order.
 - b. CHCS will check the value in the clinical site parameters file, and this value will be used to determine when to send the reminder to the clinic.
 - c. The system will send a message to the device specified in the clinic (hospital) location. It should be noted that the default device field must be populated in order or the clinic to receive a message. (please refer to section 3.1.3 for further details).

3.1.2.10 Access to Care Summary Report

The Access to Care Summary report is a new report designed to calculate the time between the appointment request and when the patient is seen by a provider. CHCS will calculate whether or not each appointment meets the Access to Care Standard based on the ATC Category (Acute, Routine, Wellness, Specialty) associated with the Appointment.

Sequence of operations to generate the Access to Care Summary report:

A. Menu path: CA > PAS > S > M > SMGR > 12 (screen #19)

===== Screen # 19 =====

- | | | |
|----|---|---------------------|
| 1 | Appointment Utilization Report | |
| 2 | Clerk Workload Recap Report | |
| 3 | Clerk Workload Report | |
| 4 | Clinic Workload Report | |
| 5 | Command Facility Workload Recap R | |
| 6 | Facility Cancellation Statistical Report | |
| 7 | Initial and Follow-up Clinic Visit Report | |
| 8 | Monthly Statistical Report | |
| 9 | Next Available Appointment Report | |
| 10 | No-Show Statistical Report | |
| 11 | Patient Cancellation Statistical Report | |
| 12 | Access to Care Summary Report | ←----- (New Report) |

Select Statistical & Workload Reports Menu Option:

===== End of Screen # 19 =====

B. This report will present four (4) sorts permitting different criteria to be used and data accessed. Listed below are steps in selecting the sort criteria.

1. (O)ne, (M)ultiple, or (A)ll divisions are the first action bar options available to the user
2. (D)epartment, (C)linic, or (Q)uit are the next action bar options available to the user
3. The next action bar options available to user depends on what the user chose in step 2:

If (D)epartment option is chosen, these action bar options are available to the user:

(O)ne, (M)ultiple, (A)ll Departments, or (Q)uit:

If (C)linic option is chosen, these action bar options are available to the user:

(O)ne, (M)ultiple, (A)ll Clinics or (Q)uit:

4. CHCS then prompts to select one or more Access to Care Categories:(Acute, Routine, Wellness, Specialty)
 5. The final prompt is for a Date Range that defaults to the previous month. The Date Range field is seen in the top portion only after the date range is selected.
 6. Select Device
- C. The Access to Care Summary report screen is divided into three sections. The top portion contains 4 fields that are populated as the user enters a new sort.
- a. **DIVISION SORT: Select (O)ne, (M)ultiple, or (A)ll divisions: (screen #20)**
 - If (O)ne Division is selected, CHCS will default to the Division the user is currently signed on to. The Division name selected then displays in the field in screen # below.
 - When the user selects (M)ultiple Divisions, all of the CHCS Divisions will display in the blank middle window permitting the user to select the desired Divisions. The total number selected will then display in the Division field (refer to screen #)
 - If (A)ll is selected, the total number of Divisions will display in the division field.

===== Screen #20 =====

ACCESS TO CARE SUMMARY REPORT

Di vi si on: ←---(di spl ays nu mber of di vi si ons se lected or cu rrent di vi si on)
De part ment:
Cl i ni c:
Ac cess to Ca re Ca te go ry:

Se lect (O)ne, (M)ul ti ple, (A)ll Di vi si ons or (Q)ui t: 0

===== End of Screen #20 =====

After the user makes a selection (e.g. enters an "O" to select One division), CHCS will default to the Division the user is currently signed on to and the next prompt appears.

===== Screen #21 =====

ACCESS TO CARE SUMMARY REPORT

Division:

Department:

Clinic:

Access to Care Category:

Select Division: A DIVISION//

===== End of Screen # 21 =====

- b. **DEPARTMENT or CLINIC Sort**
Once the division(s) is/are selected, CHCS prompts the user to sort by Department or by Clinic (refer to screen # 22 below)

===== Screen # 22 =====

ACCESS TO CARE SUMMARY REPORT

Division: A DIVISION

Department:

Clinic:

Access to Care Category:

-

Select (D)epartment, (C)linic, or (Q)uit: C

===== End of Screen # 22 =====

DEPARTMENT SORT:

1. Select (D)epartment, (C)linic, or (Q)uit: D
2. Select (O)ne, (M)ultiple, or (A)ll Departments.

A description of each action bar option is listed below

- (O)ne: User may enter the name of the Department desired which is then displayed in the top window. The next sort for clinics will limit the selection(s) to clinics within the Department selected.

- (M)ultiple: User sees a picklist and may select departments. The total number of Departments selected appears at the top. The next sort for clinics will limit the selection(s) to clinics within the Department selected.
- (A)ll: Total number of departments is entered in upper part and all clinics may be selected during the next sort.
- The User may also elect to bypass the Department sort and go directly to the next sort, (C)linic sort.

CLINIC SORT:

1. Select:(O)ne, (M)ultiple, (A)ll Clinics.
 - If the user selects the Clinic sort or has previously selected and processed a Department sort, CHCS prompts them to select One, Multiple or All Clinics.
 - The User may also elect to bypass the Department sort and go directly to the Clinic sort.
 - (O)ne: User is prompted to Select a Clinic, which will display in the top portion of the screen.
 - (M)ultiple: If selected after sorting by Department, the clinics displayed will be only those clinic under the Department(s) previously selected. If bypassing the Department sort, the user will see a picklist of all clinics within the selected Division(s) (screen # 23 below).
 - (A)ll: CHCS displays the total number of clinics based on the Division(s) and Department(s) that may have been selected.

(Searching by Multiple Clinics)

===== Screen # 23 =====

ACCESS TO CARE SUMMARY REPORT

Di v i s i o n:

Department:

C l i n i c:

Access to Care Category:

Date Range: This field will not appear until after the access to care category is entered. After the category is entered the field is populated with the date range defined for the ATC category.

Select (O)ne, (M)ultiple, (A)ll Clinics or (Q)uit: M

===== End of Screen # 23 =====

If the user selects multiple clinics, the system will display a picklist of clinics for the user to choose from.

(Searching by Multiple Clinics)

===== Screen # 24 =====

ACCESS TO CARE SUMMARY REPORT

Division:

Department:

Clinic: 3 Selected (this entry appears after user presses return below)

Access to Care Category:

-
- * ALLERGY CLINIC
 - CARDIOLOGY CLINIC
 - * FAMILY PRACTICE CLINIC
 - * INTERNAL MEDICINE CLINIC
 - ORTHOPEDICS CLINIC
 - PEDIATRICS CLINIC
 - + SURGERY CLINIC
-

Use the SELECT key to select the Clinic(s) on which to report

===== End of Screen # 24 =====

- c. Access to Care Category: Acute, Routine, Wellness, Specialty
- CHCS prompts the user to select one or more Access to Care Categories.
 - Either the ATC category selected or the total number will display in the top portion of the screen after the date range is entered.

===== Screen # 25 =====

ACCESS TO CARE SUMMARY REPORT

Division: A DIVISION

Clinic: 3 Selected

Department:

Access to Care Category:

-
- * ACUTE
 - * ROUTINE
 - * WELLNESS
 - SPECIALTY
-

Use the SELECT key to select Access to Care Category(s) to print

===== End of Screen # 25 =====

- d. Date Range
- After selecting the ATC Category, CHCS prompts the user for a date range.
 - The default is always for the previous month (see screen # 26)

- If a “^” is entered at the date default lines, “//”, CHCS displays prompts for ‘Report Start Date’ and “Report Stop Date” allowing different report dates then the default month.

===== Screen # 26 =====

ACCESS TO CARE SUMMARY REPORT

Division: A DIVISION
Clinic: 3 Selected
Access to Care Category: 3 Selected

Report Month & Year OR '^' to enter specific date range: Jul 1999//

===== End of Screen # 26 =====

e. The next screen displayed (screen #27 below) shows the complex report warning message and the Date Ranges in the upper portion search criteria fields. If the user changes the default of NO to a YES and presses return, CHCS next prompts for a Device (screen #28). CHCS will output the report to the specified device.

===== Screen # 27 =====

ACCESS TO CARE SUMMARY REPORT

Division: A DIVISION
Clinic: 3 Selected
Access to Care Category: 3 Selected
Date Range: Jul 1999 to: Jul 1999

This may be a COMPLEX report.
Please queue it to print
during the night or other non-peak hours.
Printing it NOW may impact other users on the system.

Do you want to proceed with this report? No//Y

===== End of Screen # 27 =====

The system will prompt the user for a device.
(Note: This report may be output as an 80 column report)

===== Screen # 28 =====

ACCESS TO CARE SUMMARY REPORT

Division: A DIVISION
Clinic: 3 Selected
Access to Care Category: 3 Selected
Date Range: Jul 1999 to: Jul 1999

-

This is an 80 column report.
This report is for printers only.

Select DEVICE:

===== End of Screen # 28 =====

4. Access to Care Summary Report Example

- a. Header text "by CLINIC" & Department will be included in the report.
- b. # Refusals column was modified to #Refuse to save space on the report
- c. Appendix F contains a sample report.

5. Access to Care Summary Report Format (see Appendix F)

The report format includes a report header, body, and footer.

- a. Header: The header shows which Access to Care Category (e.g. Acute, Routine, Wellness, Specialty) is being reported. If multiple ATC Categories are selected, CHCS will insert a page break for each new Access to Care Category output on the report.
- b. Body: The body of the report will report Access to Care information for clinics which have been identified to be included in Access to Care reporting.
 - (1) The report will be output by division,
 - (2) By Department, if selected
 - (3) By Clinic
 - (4) By Provider(s) within the clinic
 - (5) By TRICARE status (designation). The TRICARE status will be determined based upon the DEERS Alternate Care Value (ACV).
 - (6) Access to Care information contained in the report includes the following data is listed in the left column below. The definition for each data is listed in the right column.

<u>Column</u>	<u>Definition</u>
% Met	The percentage of "Booked" appointments which have met the Access to Care Standard associated with the appointment specified date range.
# Met	The number of "Booked" appointments which have met the Access to Care Standard associated with the appointment for the specified date range.
# Not Met	The number of "Booked" appointments which have not met the Access to Care Standard minus the number of appointment refusals for the specified date range.
# Appts	The total number of "Booked" appointments within the clinic for the specified date range. Appointment refusals will not be included in the total number of appointments.
Avg Days	The average number of days from the appointment request to when the appointment is "Booked" for the specified date range.
# Refuse	The number of appointment refusals for the specified date range. Only patient appointment refusals associated with the coded refusal reason "ATC Declined - Patient Preference" or "ATC Request Late - Patient called in late for appointment" will be included in the ATC Summary report.

6. CHCS System Calculations

This sections contains examples of ATC Calculations for a clinic (e.g. FAMILY PRACTICE) for a specified time range (e.g. 1 month)

Example 1

- a. Initial data collected by CHCS for one month

# Met	90
# Not Met (raw)	20
Appointment refusals	10

- b. System calculation for # Not Met = "True" number of appointments which did not meet Access to Care Standard

# Not Met (raw)	20	
- Appointment Refusals	- 10	(reported)
-----		----
= # Not Met ("True")	= 10	(reported)

- c. System calculation for # Appts = Total number of appointments

# Met	90	(reported)
+ # Not Met (True)	+ 10	(reported)
<hr/>		
# Appts	= 100	(reported)

- d. System calculation for % Met = Percentage of appointments which met ATC
ATC standard

$$\% \text{ Met} = \# \text{ Met} / \# \text{ Appts} = 90/100 = 90\%$$

Example 2 (Avg Days)

- a. The following is initial data collected by the system

Elapsed time 1st appt	3 days
Elapsed time 2nd appt	4 days
Elapsed time 3d appt	5 days

- b. System calculation Avg Days = Average of elapsed (access) time to obtain
patient appointment
(where elapsed time is from time of appt
request to time of scheduled appt)

Elapsed time 1st appt	3
+ Elapsed time 2nd appt	+4
+ Elapsed time 3 appt	+5
<hr/>	
Total elapsed time	12 (Days)

$$\text{Avg Days} = \text{Total elapsed time} / \# \text{ of appointments} = 12/3 = 4 \text{ (days)}$$

The standard footer of the report indicates that Access to Care information and statistics can only be reported for clinics identified for Access to Care reporting.

3.1.2.11 ACCESS TO CARE ASCII FILE PROCESSING

3.1.2.11.1 Access to Care ASCII file overview

This change gives CHCS the ability to include information from the Access to Care Summary report in an ACSII file, which can be transmitted to and analyzed by another CHCS platform. The Access to Care Report may be tasked monthly via Taskman for generation as an ASCII file and then transmitted using the Electronic Transfer Utility (ETU).

Tasking the Access to Care Summary Report

A. Process

1. Menu path: TM -> STT
2. Option to Task: **SD ATC SUMMARY Report**

3.1.2.11.2 Technical Overview

- A. The existing ETU capability will be used (including the ETU capability to transfer and purge files) to transfer ATC summary information in a ASCII file to another CHCS system or another destination. The ETU will be configured by the Site Manager/Site Software Specialist.

B. Access to Care ASCII file design

1. The Taskman monthly job will capture ATC Summary report information for the host platform for the previous month.
2. One ATC ASCII file per Division/DMIS will be generated.
3. Each ATC ASCII file will contain ATC information for the clinics within the division.
4. The ATC ASCII filename was shortened based on restrictions regarding the allowable length of a filename.
5. The updated Access to Care ASCII file name specification is as follows:

ATC DDDD RR MTFAB MOYYYY MMDDYYYYNNNN . DAT

1 2 3 4 5 6 7

Where:

1. ATC = 'Access to Care'
2. DDDD = DMIS ID
3. RR = Region Code
4. MTFAB = Medical Treatment Facility name abbreviation
5. MOYR = Month and Year of ATC Summary Data
6. MMDDYYYYNNNN = Timestamp of Creation, where MM is month, DD is day of the month, YYYY is the year, and NNNNN is the number of elapsed seconds since midnight.
7. . DAT = 'DAT' required file extension.

Variable length records will be used. Records will be delimited with the character '<CR>' (ASCII 13) and 'line feed' (ASCII 10). Data elements will be delimited with the character '<^>'

6. The ASCII format for each record will contain the following information:

Group ID^DMIS ID^Region^Facility^Branch of Service^TRI CARE status^Division
Department^Clinic^MEPRS^Provider^Access to Care Category^Start Date^Stop
Date^# Met^# Not Met^# Appts^Avg Days^Refusals

Pos	Name	Max Len	Data Type	Description
---	-----	-----	-----	-----
1	Group ID	4	Text (code)	Group ID of division
2	DMIS ID	4	Text (code)	DMIS ID of division
3	Region	2	Text	Region code (1-14)
4	MTF code	6	Text	Medical Treatment Facility (MTF) code associated with Host Platform [^DD("SITE")]
5	Service Branch	4	Text	Abbreviation Service Branch (USAF, ARMY, USN, COM, UNK, CIV, USCG, FMI L, USMC, NOAA, PHS, VET, OTH)
6	TRI CARE status	40	Text	TRI CARE designation The Alternate Care Value (ACV) from DEERS. (e.g. TRI CARE PRIME ACTIVE DUTY)
7	Division	30	Text	Name of Division
8	Department	34	Text	Name of Department
9	Clinic	30	Text	Name of clinic (Hospital location)
10	MEPRS	4	Text	MEPRS workload code associated with Clinic
11	Provider	30	Text	Provider associated with appointment
12	Access to Care Category	30	Text	Access to Care Category (Acute, Routine, Wellness Specialty)
13	Start Date	8	Date	Beginning date of appointment data; first day of month
14	End Date	8	Date	End date of appointment data; last day of month

15	# Met	10	Number	Number of appointments within clinic which met Access to Care Standard for date range.
16	# Not Met	10	Number	Number of appointments within clinic which did not meet Access to Care Standard for date range.
17	# Appts	10	Number	Total number of "Booked" appointments for date range.
18	Avg Days	10	Number	Average number of days from time of appointment request to time of "Booked" appointment within clinic for date range.
19	# Refusal s	10	Number	Number of appointment refusals for clinic for date range.

3.1.2.11.3 Regenerate ATC ASCII files

A new menu option in the MCP module gives CHCS the capability to send/regenerate Access to Care ASCII files for a specified month:

A. Detailed Process

1. Menu path: CA -> PAS -> MAN -> FMCP -> FTAB -> SATC
2. Menu option is not locked with a Security Key. Any user with access to MCP and holding the keys CPZ File and CPZ CCP may regenerate the ASCII file
3. The user can select the Send/Regenerate Access to Care ASCII files option as seen in screen # 29 below:

===== Screen # 29 =====

DIVI	MCP Division Profile Edit
OFFI	MCP Office Enter/Edit
HEAL	MCP Health Care Finder Profile Enter/Edit
ZIPC	ZIP Code Combinations Enter/Edit
CAZC	Catchment Area Zip Code Enter/Edit
FACI	Facility Type Enter/Edit
ISSO	NAS Issuing Officer Enter/Edit
PARA	MCP Parameters Profile Enter/Edit
UICP	UIC/PCM Maintenance Enter/Edit
RACT	Reactivate MCP Enrollment
MCSC	Managed Care Support Contractor Interface Menu
SATC	Send/Regenerate Access to Care ASCII files ←----(new option)
ARSI	Appointment Review Status Inactivate/Activate

Select Facility File/Table Maintenance Menu Option: **SATC**

===== End of Screen # 29 =====

4. After accessing the option, CHCS prompts the user to specify the month for which to regenerate Access to Care Summary information
5. Screens # 30,31 depict the sequence involved in regenerating the ASCII files.

===== Screen # 30 =====

SEND/REGENERATE ACCESS TO CARE ASCII FILES

Select Report Month & Year or 'Q' to Quit: Jul 1999//

? **NOTE: The month may be changed to the specific month desired**

===== End of Screen # 30 =====

CHCS next displays the “complex” warning message.

===== Screen # 31 =====

SEND/REGENERATE ACCESS TO CARE ASCII FILES

Generating Access to Care ASCII files
is a COMPLEX process.

Do you want to proceed with this process? No//Y

===== End of Screen # 31 =====

If the user responds "Y" to proceed with the processing, CHCS will generate Access to Care ASCII files for the host platform for the specified month. CHCS will generate Access to Care ASCII files during non-peak hours.

3.1.3 ACCESS TO CARE FILE AND TABLE BUILD

3.1.3.1 Identify Clinics for Access to Care Reporting

CHCS will provide the capability for the MTF to identify clinics to be included in Access to Care reporting. A new field, "Access to Care Reporting", will be added to the Clinic profile with a default value of "Yes".

If the field is Null or is set to "No", the clinic will not be included in Access to Care Reporting.

MTF site personnel are responsible for determining which clinics (e.g., Primary Care clinics) will or will not be included in Access to Care reporting. The menu paths and actions are shown below.

A. SCHEDULING SUPERVISOR - PAS

Screen #1 displays the existing Clinic profile screen with the field bolded.

1. Menu path: CA > PAS > S > PROF > CPRO
2. At the prompt "Select Clinic" enter the clinic name
3. Select to (e)dit the clinic at the next prompt
4. Access the second screen of the Clinic profile (Screen #1)

B. PLAC – MCP

1. Menu path: CA > PAS > M > FTAB > PTAB > PLAC
2. At the prompt "Select MCP PLOC" enter the clinic name
3. Access the PAS Clinic Profile via the MCP Place Of Care (refer to screen #1)

===== Screen # 32 =====

HOSPITAL LOCATION: FAMILY PRACTICE - NI SD CLINIC PROFILE - CONTINUATION

Wait List Activated:	Maximum Wait List Days:	day(s)
Wait List Provider Mandatory:	Wait List Hold Duration:	day(s)
Auto Wait List Processing:	Schedule Hold Duration:	2 day(s)
Prompt for Requesting Service:	Patient Record Pull:	1 day(s)
Clinic Type: COUNT	Radiology Record Pull:	1 day(s)
Check Holiday File: YES	Roster Production:	2 day(s)
Cost Pool Code: BGXA	Prepare Reminder Notice:	4 day(s)
Activation Status: ACTIVATED	Available Schedule:	15 day(s)
Access to Care Reporting: YES _----- (New field)		
Clinic Appt Instructions:		

===== End of Screen #32 =====

The default for the field, Access to Care Reporting, will be “Yes” but may be edited and changed to “No” to indicate if a clinic(e.g. Primary Care Clinic) will or will not be included in Access to Care Reporting.

3.1.3.2 CLINICAL PARAMETERS – Appointment Message Reminder

Clinical appointment reminder message Clinical appointment reminder message

Existing CHCS functionality provides the capability to notify a Provider if an appointment is not made within a site specified timeframe:

A. File/Table

1. **Menu path: CA>CLN>N>MNG>TAB>CSM** (Clinical Site Parameter Maintenance)
2. Enter name of site (e.g. PORTSMOUTH)
3. System displays field: **Appointment Not Made Timeout** (refer to screen # 2)

```
===== Screen # 33 =====
                                SITE PARAMETER MAINTENANCE

Clinical Site Parameters: NMC PORTSMOUTH VA
Expiring Order Renewal Default: 3
Nurse Signature Timeout: 24
HCP Signature Timeout: 24
Countersignature Timeout: 24
STAT Acknowledge Timeout: 1
STAT Result Timeout: 4
Appointment Not Made Timeout: 72 (maximum value is now 72 hrs)
Time of Day to Expire Orders: 2359
Automatic Print of Orders: NO 2359
Allow Unprompted Quick Orders?: YES
Continuous New Order Tasking: QUEUED
Purge Search Template Days: 90
Days Until Telephone Consult Old: 4
Enable TCPR Mini-Registration: YES
Purge TCPR Records: 7
Purge Problem Selection Lists: 365
===== End of Screen # 33 =====
```

A conversion will be run to limit the value of the **Appointment Not Made Timeout** field to 72 hours, if the value in the Appointment Not Made Timeout field is greater than 72 hours.

Previously, the value permitted in the **Appointment Not made Timeout** field was 0-99 hours. With Access to Care functionality, the software will be modified to allow only a value from 0-72 hours (3 days).

Once the value in this field is populated, CHCS will send a mail message to the ordering Provider if an appointment has not been made within the specified time (e.g. 72 hours) for a Clinical Order (CON, CLN, APR, ANC).

3.1.3.3 Clinic Default Device

Additionally, CHCS will send a message to the clinic associated with the "scheduled" (Con, Cln, Anc, or Apr) order. The system will determine if the order is associated with a scheduled clinic appointment. For any of these "scheduled" orders which are associated with an appointment, CHCS will determine which clinic is associated with the order, check the value in the clinical site parameters file, and use it to determine when to send the reminder to the clinic. CHCS then sends a message to the device specified in the clinic (Hospital) location field "DEFAULT DEVICE". The default device field in the Hospital Location file must be populated in order for the clinic to receive a message. If no device is identified, the clinic will not be notified via CHCS. This field may be accessed through Common Files or through the MCP PLAC option. (Refer to screen #3)

- (1) Menu paths: CA -> DA -> CFT -> CFM -> HOS
CA -> PAS -> M -> FMCP -> PTAB -> PLAC
- (2) System displays existing screen (screen #3)

```
===== Screen # 34 =====
HOSPITAL LOCATION: INTERNAL MEDICINE                                DOD HOSP LOCATION EDIT

                        NAME: INTERNAL MEDICINE
                        ABBREV: INTMED
                        DESCRIPTION: INTERNAL MEDICINE ASSOCIATES
                        LOCATION TYPE: CLINIC

                        SERVICE: INTERNAL MEDICINE SERVICE
                        DIVISION: NAVY INPATIENT DIVISION
                        FACILITY: NMC PORTSMOUTH

                        BLDG NAME: "C"
                        BLDG NUMBER: MS C1
                        TELEPHONE: (123)12345666
                        STREET ADDRESS: 4410 MERCURY BLVD
                        ZIP: 23601
                        CITY: NEWPORT NEWS
                        STATE: VIRGINIA
                        DEFAULT DEVICE: CP43ALASER (Device for appt notifications)
```

+Ask for Help = HELP Screen Exit = F10 File/Exit = D0 INSERT OFF

===== End of Screen # 34 =====

3.1.4 IMPLEMENTATION ISSUES.

A. File Changes

File #	File Name	Field Name	Field #
44.2	Patient Appointment File	ATC CATEGORY	69
		ATC REQUEST DATE/TIME	70
		REFUSAL REFERRAL IEN	71
8554	MCP Referral	Appt Refusals	53
		Pri ority	15
		ATC Catgeory	68

B. Training issues

1. The appointments seen initially will be dictated by the ATC Category. The user/appointment clerk must enter the correct ATC Category. Clerks should be made aware that they can see additional appointment by changing the date range. They will also see the message that the appointments selected are out of the ATC range.
2. PAS BOK initial screen has changed with an added prompt/screen.

C. PAS supervisors/Site must be made aware of the Access to Care Summary Report and decide who will run the report and who will generate the ASCII file when needed.

- D. Setup the ETU to send the ASCII file to a specified location in accordance with current Site/Lead Agent/ and DOD policy/direction.

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APPENDIX A. COMMON FILES CHANGES

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A.1 SUMMARY OUTLINE

This section provides a brief summary of the changes in the Common Files with this version of CHCS.

A.1.1 HOSPITAL LOCATION FILE

The Hospital Location file has been enhanced to change the existing field “**Specialty**” to the new field “**Clinic Specialty**”, allowing multiple specialties per Hospital Location. The look of the Hospital Location file has changed to align the fields for ease of input. Any entries made into the old field “**Specialty**” from the Provider Specialty file with the **SIDR Approved flag set to NO**, will be converted into the new field during the software load. The Provider Specialties may be entered pre or post load. Please refer to appendix F for adhoc's to identify clinics that may need editing and for identifying allowable provider specialties to enter into the clinic specialty fields.

A.1.2 PROVIDER FILE

The Provider File has been enhanced to include a new Pager # field. In addition, the Duty phone 2 will now be displayed as a 2nd Work Phone field.

As part of the Pharmacy related changes, an SSN will be required for all MTF providers. All civilian/outside providers will require a DEA #, HCP #, or LICENSE #. Please refer to the PDTS IUG for details on the Provide SSN changes.

A.1.3 CLINIC PROFILE

The Clinic Profiles have been enhanced to include the field **Access to Care Reporting** with a default of YES. This field will determine if a clinic will be part of the Access to Care project. Please refer to the Access to Care (ATC) IUG for more details.

A.1.4 TCPR

The transportable Clinical Patient Record (TCPR) has been enhanced so that information is encrypted when transferred between MTF's. Please reference the 4.603 Release Notes for information on this change.

A.1.5 PCM BY NAME

A CPET is available to sites with SMMR1 (Version 4.602) or SMMR2+ (Version 4.603) software. The purpose of this software is to change the Tricare Prime Enrollments from enrollment Group Primary Care Managers (PCMs) to individual PCM's. This is In preparation for the National Enrollment Database (NED), a new database coming at some time subsequent to the 4.603 upgrade.

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APPENDIX B. MASTER CHECKLIST

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GENERIC CHECKLIST ITEMS FOR ALL USERS

B.1 USER TRAINING

The Familiarization Plan training in Appendix contains a lesson primarily for a supervisor's demonstration, but also includes data recommendations and suggestions for the site's own user training. The site's Facility Training Coordinator (FTC) should plan ahead and revise the training plan according to the site's user needs.

Note: Lab Standardization and PDTS issues are not included here as they will be deployed subsequent to the writing of this IUG. Please consult the Lab and PDTS IUGs for details on Lab data standardization and PDTS.

B.1.1 Consult Tracking (CLN/MCP)

A 2-3 hour demo should be conducted with Clinical and MCP POC's who will make decisions regarding Consult Tracking at the site. The session should be held prior to the software load and include a discussion on the site's current workflow and how the new software will impact the users Clinical and PAS/MCP users.

End-User training is recommended for the following users:

B.1.1.1 Clinical

All users who enter consult orders and/or enter consult results: 2 hours

For Order Entry of consults only: 1 hour

For resulting consults only: 1 hour

It is also recommended that HCP-level (Physicians and equivalent), Nurse-level and Clerk-level users attend separate demonstrations for the consult tracking enhancements as the functions differ according to provider level.

It is also recommended that any clinical users involved in the review of consults attend the additional MCP training classes (see MCP section below) .

The Familiarization Plan training in Appendix E contains a lesson primarily for a supervisor's demonstration, but also includes data recommendations and suggestions for the site's own user training. The site's Facility Training Coordinator (FTC) should plan ahead and revise the training plan according to the site's user needs.

B.1.1.2 MCP/PAS

MCP/PAS booking clerks and supervisors: 2-3 hrs hands-on training to include Consult Tracking Booking via MCP and Access To Care training.

Clinical User performing Consult Reviews: 1-2 Hrs hands-on training for Consult Tracking.

Clinical users appointing their patients: 2-3 hrs Hands-on training of the new AHCF option and Referral booking that will allow them to perform the entire task.

B.1.2 ATC (MCP/PAS)

MCP/PAS/DBA Supervisors	Handout of one new field for file/table
-------------------------	---

MCP/PAS Supervisors and clerks	Handout of Access to Care appointments 30-45 minutes of user training in all booking areas.
--------------------------------	--

B.1.3 DEERS Enrollment Data Sync

1. DEERS ENROLLMENT DATA SYNCHRONIZATION TRAINING

Managed Care Service Center supervisory personnel and those who manage and/or enter enrollments, including military, DOD and contractor Personnel: 1 hour.

It is recommended that the Systems Specialist who will run the DEERS utility attend this overview session as well.

2. ACTIVE DUTY NAVY AND MARINE MEDICAL AND DENTAL CLAIMS (MMSO) TRAINING

None. The user will see the new information on the Single Patient DEERS eligibility response screen due to the 8 new data elements displayed.

B.1.4 DEERS Patient Data Sync

PAD, PAS and MCP superusers and any other users who manage duplicate patient merges should attend a demo of the changes. DBA, Software and Systems Specialists should attend as well. This is estimated to be a 2 hour demo.

B.2 IMPLEMENTATION ISSUES

Note: Lab Standardization and PDTS issues are not included here as they will be deployed subsequent to the writing of this IUG. Please consult the Lab and PDTS IUGs for details on Lab data standardization and PDTS.

B.2.1 Consult Tracking (CLN/MCP)

B.2.1.1 Before the Install

- _____ 1. It is recommended that the site assess the way they are currently using Consult Orders, appointment order processing, managed care approval/processing, and consult result documentation. Consult Tracking POC's should determine how the enhancements will be beneficial and how it will impact workflow.
- _____ 2. If sites are utilizing the ECS consults, all results should be completed in preparation for the one time conversion to the CHCS consults. Any other consult system used on site may be impacted and should be evaluated before installation.
- _____ 3. Evaluate which users will require security keys (see security section of this guide).
- _____ 4. Users should be informed that conversions will automatically administratively close Consult orders older than 90 days, 45 days, or 30 days depending on the combination of the Appointment Review Status and Appointment Status itself. Please refer to the detailed workflow section in the IUG.
- _____ 5. Inform users that the Appointment Order Processing (AOP) option will no longer be accessible through the PAS Clerk Scheduling Menu. Any pending AOP orders must be processed through MCP options post-load. This includes CON, CLN, ANC and APR appointment order requests.

B2.1.2 Post-Install

- _____ 1. The Database Administrator assigns the necessary security keys for the new Clinical Consult enhancements. Refer to the Security Keys section for details.
- _____ 2. The Database Administrator populates the new "Clinic Specialty" field in the Hospital Location file (CA → DAA → CFT → CFM → HOS), for all clinics.
- _____ 3. The Clinical file/table POC populates the new fields for each scheduled consult in the Ancillary Procedure file (CA → CLN → NURSE → MNG → TAB → ANC).
- _____ 4. MCP file/table POC should inactivate Appointment Review Statuses the site may not desire to use. (CA → PAS → MCP → FMCP → FTAB → ARSI)
- _____ 5. MCP Provider Groups must be completed for booking purposes before the booking aspect of Consult Tracking may be utilized.

B.2.2 ATC (MCP/PAS)

- _____ 1. Clinics must be defined as participating in ACCESS TO CARE (ATC) via the clinic profile (CPRO) in order to be included in ATC reporting.

- _____ 2. The ATC Category is a required field in all MCP/PAS booking options and must be defined before a search is instituted.
- _____ 3. The priority assigned to an order or referral that may be booked via MCP/PAS dictates the default Access to Care (ATC) Category.

B.2.3 DEERS Enrollment Data Synchronization

- _____ 1. DEERS Enrollment Synchronization utility SHOULD NOT BE RUN CONCURRENTLY with the DEERS Patient Synchronization Utility.
- _____ 2. The Enrollment Data Synchronization utility initiates thousands of requests for data that are sent to DEERS. When DEERS responds to these requests, the information is stored in a utility global (8909). If this global is not purged on a regular basis, a DSM Disk Nearly full error can occur.

The site manager must monitor the size of this global. The site has a background job that purges the DEERS global at regular intervals (e.g. once per week). It is recommended that the purge parameter be set to 2 days to avoid this problem.

Path: SM>INT>DEER>EDP>8909

DEERS PURGE LIST: DEERS ELIG/REG RESPONSES

DEERS Response File: DEERS ELIG/REG RESPONSES

Enter the number of days a DEERS response can remain in this file: 2

- _____ 3. Software released as a CPET and integrated into subsequent SMMR releases.
- _____ 4. A CHCS v4.603 environment is required for this product.
- _____ 5. Taskman must be running.
- _____ 6. The DEERS interface must be available.
- _____ 7. Fileman tool, as used prior to the deployment of this product, must not be used to correct MCP enrollment records. The user should use the Manual Correction Utility (see section 3.1.3. for details).
- _____ 8. During the identification process, the DEERS data will be considered to be correct data and the synchronization utilities will validate/update CHCS data to match DEERS data.
- _____ 9. The DEERS Enrollment Data Synchronization utilities run on a Taskman server. Because this process generates AQC4Q messages for each MCP patient, the process will be set to run between the hours of 1800 and 0600 and will resubmit itself until

the synchronization process is complete. This will prevent the network and the CPU's from being overloaded during peak user hours.

- _____ 10. The Initial Enrollment Record Validation Process (see section 3.1.1. for details). must be coordinated with Deployment and Scheduling Department (The POC there is Chanda Meng, 703-824-5984) site to prevent multiple MTF's from overloading the DEERS processors.
- _____ 11. The Initial Enrollment Record Validation Process (see section 3.1.1. for details) is to validate ALL beneficiaries for ALL divisions on the platform.

NOTE TO BETHESDA, MALCOLM GROW and WALTER REED. This option is to be run at the CRSP (CHCS Regional Scheduling Program) which is also known as the Regional Level.

- _____ 12. Two options will be removed from the current MCP functionality. Those options are listed below
 - A. The option Active Duty Batch Enroll is no longer needed to process enrollments in large batch modes and does not provide reciprocal disenrollment processing. The functionality will be removed due to the initial enrollment phase being completed in all regions.
 - B. The DEERS override reason for a New Spouse is no longer supported by DEERS and should be removed from the enrollment processing options.
- _____ 13. This effort will be integrated with the current Managed Care Support Contractor (MCSC) interface (Regions 1, 2 and 5) to ensure that the contractor will receive all necessary enrollment information from CHCS.
- _____ 14. This effort will use existing CHCS enrollment messages when synchronizing enrollment records on DEERS.
- _____ 15. Any prototype development results may have impact to the validation processes laid out in the design.

B.2.4 DEERS Patient Data Sync

- _____ 1. Taskman will be set to run the Patient Record Validation Utility between the hours of 1800 and 0600.
- _____ 2. The Patient Record Validation Utility initiates thousands of requests for data that are sent to DEERS. When DEERS responds to these requests, the information is stored in a utility global (8909). If this global is not purged on a regular basis, a DSM Disk Nearly full error can occur.

The site manager must monitor the size of this global. The site has a background job that purges the DEERS global at regular intervals (e.g. once per week). It is recommended that the purge parameter be set to 2 days to avoid this problem.

Path: SM>INT>DEER>EDP>8909

DEERS PURGE LIST: DEERS ELIG/REG RESPONSES

DEERS Response File: DEERS ELIG/REG RESPONSES

Enter the number of days a DEERS response can remain in this file: 2

- _____ 3. Site should determine who the authorized users will be and assign the DG REG SYNCH security key and the Patient Synchronization Menu. The security key and menu should be assigned after installation, before the patient validation utility has begun.
- _____ 4. Users assigned Enrollment Enter/Edit security keys need the DG REG SYNCH to be able to continue to update patient records via the action on the Enrollment Enter/Edit option.
- _____ 5. Enrollment Synchronization Utility SHOULD NOT BE RUN CONCURRENTLY with the Patient Synchronization Utility.
- _____ 6. Patient Synchronization Utility SHOULD BE RUN during off peak hours and scheduled with SAIC's Planning and Scheduling Department. The POC there is Chanda Meng 703/824-5984 before processing begins.
- _____ 7. Duplicate Patient Merges SHOULD NOT BE TASKED TO RUN AT THE SAME TIME as the Patient Synchronization Utility is running.
- _____ 8. The DEERS interface must be available to perform a DEERS check.
- _____ 9. All sites must be currently using the existing duplicate patient identification and merge capabilities to resolve discrepancies. A complete review of the patient file should be done prior to initiating this synchronization effort. The site should also run an ad hoc to see how many patients on their database have more one person with same DOB for same sponsor.
- _____ 10. Duplicate Patient checking must be turned on and operational at all sites.
- _____ 11. Potential Duplicate Search jobs must be scheduled at all sites and potential duplicates resolved prior to installation.
- _____ 12. Verify Taskman DG REG SYNCH MAILER is scheduled to print (either nightly, weekly, or monthly).

B.3 INTEGRATION ISSUES

Note: Lab Standardization and PDTS issues are not included here as they will be deployed subsequent to the writing of this IUG. Please consult the Lab and PDTS IUGs for details on Lab data standardization and PDTS.

B.3.1 Consult Tracking (CLN/MCP)

CLN/PAS

- _____ 1. Inform users that the Appointment Order Processing (AOP) option will no longer be accessible through the PAS Clerk Scheduling Menu. Any pending AOP orders must be processed through MCP options post-load. This includes CON, CLN, ANC and APR appointment order requests.

CLN/MCP

- _____ 1. Inform users of new mail messages (i.e. MCP referral is created for a consult appointment request).
- _____ 2. Clinical and MCP supervisors need to coordinate on how consult orders will be pulled up and reviewed in MCP. This will impact the Consult File build and method of ordering consults by clinicians.
- _____ 3. For sites not currently utilizing MCP, users will need to be trained in this functionality.
- _____ 4. Users entering MCP referrals (including contractors) should be informed of any changes to workflow impacted by clinical consult orders. All consult requests initiated by consult orders on CHCS must be reviewed, and thus assigned a referral number by an MCP user post-load before they can be booked.
- _____ 5. Clinical users that will be reviewing and/or booking consults via **AHCF (AOP)** should be assigned the secondary menu **SD ORDER ENTRY**
- _____ 6. Users who will be tasked to manually administratively close consult result orders will need the secondary menu **SD COMPLETE CON ORDER (CLS)**

CLN/ECS

- _____ 1. Inform users that there is a one time conversion of ECS consult result data to CHCS. Anything done in ECS after the install **will not count** towards workload and will not be entered into CHCS.

B.3.2 ATC (MCP/PAS)

None

B.3.3 DEERS Enrollment Sync

None

B.3.4 DEERS Patient Data Sync

None

B.4 FILE AND TABLE CHANGES

Note: Lab Standardization and PDTS issues are not included here as they will be deployed subsequent to the writing of this IUG. Please consult the Lab and PDTS IUGs for details on Lab data standardization and PDTS.

B.4.1 Consult Tracking (CLN/MCP)

Some file and table changes have been added for the Clinical and MCP subsystems and common files.

Menu path:

_____ 1. CA → CLN → NUR → MNG → TAB → ANC

The Ancillary Procedure (ANC) file has been enhanced to allow sites to determine the type of information required by the requesting provider when ordering a scheduled consult through Order Entry (ORE). Five new fields have been added (refer to the Consult Tracking IUG)

_____ 2. CA → DAA → CFT → CFM → HOS

The Hospital Location file will also be enhanced to include the new field “Clinic Specialty”, allowing multiple specialties per Hospital Location.

_____ 3. CA → PAS → MCP → FMCP → FTAB → ARSI (Post –load)

This option will permit a facility to Inactivate selected Appointment Review Status and then Reactivate them as necessary. Approx. 5 minutes

_____ 4. New Secondary Menu Options must be assigned to specific users. Those options are:

- ◆ **SD Complete CON Order** - Administrative Completion of Consult Order Results.
- ◆ **SD Unverified Sched Con Rpt** - Unverified Scheduled Consult Report
 - ◆ **SD Unverified Unscheduled Consult 72 hr Exception Rpt**
 - ◆ **SD Cons Unver Within 72 hours** – Consults unverified within 72 hrs of appt date

B.4.2 ATC (MCP/PAS)

- _____ 1. Every clinic that will be included in Access to Care reporting must have the new field set to “YES” in the clinic profile. The conversion will set this field to “YES” for all clinics. Clinics that will not be included must have the field set to no. MTF supervisors/DBA should know ahead of time which clinics should be set to “NO” and set that field immediately post-load.
- _____ 2. Files that have been created or will be have fields for adhoc purposes are:

<u>File</u>	<u>File Number</u>
- Access to Care category	8510
- Hospital Location	44
- Patient Appointment	44.2
- Appointment Refusal Reason	8570

B.4.3 DEERS Enrollment Data Sync

DEERS ENROLLMENT DATA SYNCHRONIZATION

None

ACTIVE DUTY NAVY AND MARINE MEDICAL AND DENTAL CLAIMS (MMSO)

- _____ 1. Corrections to the data associated with the new data elements will be done on DEERS and not in CHCS.

B.4.4 DEERS Patient Data Sync

None

B.5 SECURITY KEYS

Note: Lab Standardization and PDTS issues are not included here as they will be deployed subsequent to the writing of this IUG. Please consult the Lab and PDTS IUGs for details on Lab data standardization and PDTS.

B.5.1 Consult Tracking (CLN/MCP)

The following are **existing** security keys and their functions:

NS CONSULT Allows users to access the CON option which is utilized to RESULTS enter results and verify and/or save a consult

NS CONCLASS1 Allows class 1 providers (Nurses) who hold this key and the **NS CONSULT RESULTS** security key to enter and verify their own consult results

CPZ CCP Allows users to access the Managed Care Program Menu from the PAS system Menu

B.5.2 ATC (MCP/PAS)

None

B.5.3 DEERS Enrollment Sync

DEERS Enrollment Data Synchronization

CPZ SYNC This key is used for Enrollment Data Synchronization processing

ACTIVE DUTY NAVY AND MARINE MEDICAL AND DENTAL CLAIMS (MMSO)

None

B.5.4 DEERS Patient Data Sync

DG REG SYNCH This key is to be used for personnel doing the CHCS/DEERS Patient Data Synchronization.

APPENDIX C. TRAINING AND FILE/TABLE MATRIX

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Function	Demos	Hours	Users	Training	Hours	Users	Handouts*
Consult Tracking	Y ¹	1-3	Clinical and MCP POC's	Y	Up to 4hrs (Refer to note #1)	Nurses/Clnks Physicians CLN spvrs	Y
Access to Care	Y	1	----	N	----	----	Y
PDTS	Y	1	PHR and CLN Supervisors	Y ²	1	PHR Users CLN Users	Y
Lab	Y	1.5	Managers, F/T maintenance, senior supervisory personnel, Quality Assurance and Lab Trainers	Y ³	16 to 24 hours	File and Table Maintenance Managers	Y
DEERS Enrollment Sync	Y	1	Managed Care Service Center superusers: including military, DOD and contractor	N	----	----	----
DEERS Patient Data Sync	Y	2	PAD Users, Software Spec. & DBA	N	----	----	----

* Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix F includes a Familiarization training plan.

1 – Recommending separate sessions for Nurses/Clerks, Physicians, and Clinical Supervisors. The length of training will depend on the functions a clinical user is responsible for in Consult Tracking (i.e. ordering, reviewing, booking, or resulting).

2 - It is recommended that those responsible for Drug File Maintenance receive 1 hour of training. Clinical users may receive 1 hour of training and a handout.

Note that PDTS may initially be turned off with the ADC load and activated at a later time.

3 - Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est 2-3 days} or (2) request onsite outside assistance. **This training only applies to the CPET LAB redesign.**

Function	Pre-Load	Time	Post-Load (Pre-User)	Time	Post-Load (Post-User)	Time
Consult Tracking	DC/FT ¹	6 hrs	FT ²	8 hrs	N/A	----
Access to Care	DC	4 hrs	FT ³	4 hrs	N/A	----
PDTS	DC	6 hrs	FT	6 hrs	N/A	----
Lab	DC/FT	8 hrs	N/A	----	N/A	----
DEERS Enrollment Sync	N/A	----	N/A	----	N/A	----
DEERS Patient Data Sync	N/A	----	N/A	----	N/A	----

* The File and Table build estimates may vary. This is an estimated timeline for planning purposes. Use the appropriate sections of the IUGS for detailed information.

DC = Data Collection

FT = File and Table

1,2 - Data Collection and File/Table is only necessary if Consulting Tracking will be utilized at the site.

3 - File and Table is only necessary for those clinics that will not be participating in the Access to Care project.

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APPENDIX D. FAMILIARIZATION TRAINING PLAN

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Appendix D - Familiarization Training Plan

Note: This plan applies only to the 4,603 Alpha sites. This plan may be used as a self-study guide on the Training Data Base to demonstrate the Access to Care changes. It may also be used as a guide to teach a set of 10 students using the data listed.

ACCESS: **MCPHCF(A-J)**
VERIFY: **MCPHCF(A-J)V**
Select DIVISION: **1**

BOOKING THROUGH MCP Enrolled Scenario WITHIN ATC

MENU PATH: Managed Care Program Menu>HMCP>**BHCF**

Select PATIENT NAME: **PICARD,(A-J,Z)**
Select **(P)CM Booking** option
Select Access to Care Category: **ACUTE**

Select the appointment slot WITHIN 24 hours
User may have to select a SPECIALTY TYPE

Select the **(B)ook appt** option

File/exit the appointment

Remind patient of other appointments/Wait List requests? Yes// **No**
Select the **(Q)uit** option to exit the HEALTH CARE FINDER BOOKING screen

BOOKING THROUGH MCP Enrolled Scenario OUTSIDE ATC

MENU PATH: Managed Care Program Menu>HMCP>**BHCF**

Select PATIENT NAME: **PICARD,(A-J,Z)**
Select **(P)CM Booking** option
Select Access to Care Category: **ACUTE**

Select the appointment slot OUTSIDE 24 hours

This appointment is outside the Access to Care standard.
Earlier appointments are available that meet the Access to Care standard.
Select **(B)ook appt**, or **(Q)uit FILE APPOINTMENT: B// <return>**

User may have to select a SPECIALTY TYPE
File/exit the appointment
The APPOINTMENT REFUSAL screen appears to the user

Enter a comment in the **Refusal Reason** field (note: comments are required)
Enter a comment in the **HCF Comment** field (note: comments are optional)

File/exit the APPOINTMENT REFUSAL screen

Remind patient of other appointments/Wait List requests? Yes// **No**
Select the **(Q)uit** option to exit the HEALTH CARE FINDER BOOKING screen

BOOKING THROUGH MCP Non-enrolled Scenario WITHIN ATC

MENU PATH: Managed Care Program Menu>HMCP>**BHCF**

Select PATIENT NAME: **PHOTON,(A-J,Z)**
Select **(N)on-enrollee** Booking option
Select **Place of Care** from the SEARCH CRITERIA list
Select PLACE OF CARE: **FAM MED MTF/DIVA**
Select Access to Care Category: **ACUTE**

Select the appointment slot WITHIN 24 hours

Select the **(B)ook appt** option

User may have to select a SPECIALTY TYPE
File/exit the appointment

Remind patient of other appointments/Wait List requests? Yes// **No**
Select the **(Q)uit** option to exit the HEALTH CARE FINDER BOOKING screen

BOOKING THROUGH MCP Non-enrolled Scenario WITHIN ATC

MENU PATH: Managed Care Program Menu>HMCP>**BHCF**

Select PATIENT NAME: **PHOTON,(A-J,Z)**
Select **(N)on-enrollee Booking** option
Select **Place of Care** from the SEARCH CRITERIA list
Select PLACE OF CARE: **FAM MED MTF/DIVA**
Select Access to Care Category: **ACUTE**

Select the appointment slot OUTSIDE 24 hours

Select the **(B)ook appt** option

User may have to select a SPECIALTY TYPE
File/exit the appointment
The APPOINTMENT REFUSAL screen appears to the user

Enter a comment in the **Refusal Reason** field (note: comments are required)
Enter a comment in the **HCF Comment** field (note: comments are optional)

File/exit the APPOINTMENT REFUSAL screen

Remind patient of other appointments/Wait List requests? Yes// **No**
Select the **(Q)uit** option to exit the HEALTH CARE FINDER BOOKING screen

BOOKING THROUGH PAS Scenario WITHIN ATC

MENU PATH: Clerk Scheduling Menu>**BOK**

Select (C)hange Search Criteria, or (Q)uit: C// **<return>**
Select the **CLINIC** from the SEARCH CRITERIA list
Select PATIENT NAME: **REESE,(A-J)**
Select **(C)ontinue** option
Select CLINIC: **FAM MED MTF/DIVA**
Select Access to Care Category: **ACUTE**
Select **(S)ingle Patient** option

Select the appointment slot WITHIN 24 hours
User may have to select a SPECIALTY TYPE

Select the **(B)ook appt** option

File/exit the appointment

Remind patient of other appointments/Wait List requests? Yes// **No**
Select the **(Q)uit** option to exit the SINGLE PATIENT BOOKING screen

BOOKING THROUGH PAS Scenario OUTSIDE ATC

MENU PATH: Clerk Scheduling Menu>**BOK**

Select (C)hange Search Criteria, or (Q)uit: C// **<return>**
Select the **CLINIC** from the SEARCH CRITERIA list
Select PATIENT NAME: **REESE,(A-J)**
Select **(C)ontinue** option
Select CLINIC: **FAM MED MTF/DIVA**
Select Access to Care Category: **ACUTE**
Select **(S)ingle Patient** option

Select the appointment slot OUTSIDE 24 hours
User may have to select a SPECIALTY TYPE

This appointment is outside the Access to Care standard.
Earlier appointments are available that meet the Access to Care standard.
Select (B)ook appt, or (Q)uit FILE APPOINTMENT: B//<return>

File/exit the appointment
The APPOINTMENT REFUSAL screen appears to the user

Enter a comment in the **Refusal Reason** field (note: comments are required)
Enter a comment in the **HCF Comment** field (note: comments are optional)

File/exit the APPOINTMENT REFUSAL screen

Remind patient of other appointments/Wait List requests? Yes// **No**
Select the **(Q)uit** option to exit the SINGLE PATIENT BOOKING screen

PRINT OUT THE ACCESS TO CARE SUMMARY REPORT

MENU PATH: Scheduling Supervisor Menu>MGRM>SMGR>**12**
Select the **(O)ne** option
Select Division: DIV A - TRAINING HOSPITAL//<return>
Select **(C)linic** option
Select **(O)ne** option
Select CLINIC: **CARDIOLOGY CLINIC**
Select all the ATC categories from the list
Report Month & Year OR '^' to enter specific date range: May 2001// **JUN 2001**
Do you want to proceed with this report? No//**Y**
Select DEVICE: **NL:**

Refer to APPENDIX E for a sample of the report

APPENDIX E. SAMPLE REPORTS

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===== Screen # 26a =====

NAVMEDCEN PORTSMOUTH VA

04 Aug 1999@1325

Page 1

ACCESS TO CARE SUMMARY REPORT
by CLINIC

*** ACUTE APPOINTMENTS ***

Jul 1 1999 to Jul 31 1999

Division: A DIVISION

Department: INTERNAL MEDICINE

=====

Clinic/MEPRS

Provider

TRI CARE Status	% Met	# Met	# Not Met	# Appts	Avg Days	#Refuse
-----------------	-------	-------	-----------	---------	----------	---------

=====

ALLERGY CLINIC/BABA

BAKER, CLARA

TRI CARE PRIME (AD)	40%	40	10	50	1.1	0
---------------------	-----	----	----	----	-----	---

TRI CARE PRIME (CHAMPUS)	40%	40	10	50	1.3	0
--------------------------	-----	----	----	----	-----	---

CLARK, JOHN

TRI CARE PRIME (AD)	40%	40	10	50	1.1	0
---------------------	-----	----	----	----	-----	---

TRI CARE PRIME (CHAMPUS)	40%	40	10	50	1.3	0
--------------------------	-----	----	----	----	-----	---

Clinic Total	40%	160	40	200	1.2	0
--------------	-----	-----	----	-----	-----	---

FAMILY PRACTICE/BGAA

ANDERSON, MICHAEL

TRI CARE PRIME (AD)	40%	40	10	50	1.1	0
---------------------	-----	----	----	----	-----	---

TRI CARE PRIME (CHAMPUS)	5%	5	45	50	1.3	0
--------------------------	----	---	----	----	-----	---

WILLIAMS, FRED

TRI CARE PRIME (AD)	40%	40	10	50	1.1	0
---------------------	-----	----	----	----	-----	---

TRI CARE PRIME (CHAMPUS)	5%	5	45	50	1.3	0
--------------------------	----	---	----	----	-----	---

Clinic Total	45%	90	110	200	1.2	0
--------------	-----	----	-----	-----	-----	---

INTERNAL MEDICINE/BAAP

RICHARDS, SARAH

TRI CARE PRIME (AD)	80%	80	20	100	1.1	0
---------------------	-----	----	----	-----	-----	---

TRI CARE PRIME (CHAMPUS)	20%	20	80	100	1.3	0
--------------------------	-----	----	----	-----	-----	---

Clinic Total	50%	100	100	200	1.2	0
--------------	-----	-----	-----	-----	-----	---

Division Total:	58%	350	250	600	1.3	0
-----------------	-----	-----	-----	-----	-----	---

* Only clinics which are identified for Access to Care reporting are included on this report. *

===== End of Screen # 26a =====

===== Screen # 26b =====

NAVMEDCEN PORTSMOUTH VA

04 Aug 1999@1325 Page 2

ACCESS TO CARE SUMMARY REPORT
by CLINIC
*** ROUTINE APPOINTMENTS ***
Jul 1 1999 to Jul 31 1999

Division: A DIVISION
Department: INTERNAL MEDICINE

=====

Clinic/MEPRS

Provider	TRI CARE Status	% Met	# Met	# Not Met	# Appts	Avg Days	#Refuse
----------	-----------------	-------	-------	-----------	---------	----------	---------

=====

ALLERGY CLINIC/BABA

BAKER, CLARA							
TRI CARE PRIME (AD)		90%	45	5	50	7.1	0
TRI CARE PRIME (CHAMPUS)		70%	35	15	50	7.3	0
CLARK, JOHN							
TRI CARE PRIME (AD)		90%	45	5	50	7.1	0
TRI CARE PRIME (CHAMPUS)		70%	35	15	50	7.3	0

Clinic Total :		80%	160	40	200	7.2	0

FAMILY PRACTICE/BGAA

ANDERSON, MICHAEL							
TRI CARE PRIME (AD)		80%	40	10	50	7.1	0
TRI CARE PRIME (CHAMPUS)		10%	5	45	50	7.3	0
WILLIAMS, FRED							
TRI CARE PRIME (AD)		80%	40	10	50	7.1	0
TRI CARE PRIME (CHAMPUS)		10%	5	45	50	7.3	0

Clinic Total :		45%	90	110	200	7.2	0

INTERNAL MEDICINE/BAAP

RICHARDS, SARAH							
TRI CARE PRIME (AD)		80%	80	20	100	7.1	0
TRI CARE PRIME (CHAMPUS)		20%	20	80	100	7.3	0

Clinic Total :		50%	100	100	200	7.2	0

Division Total :		58%	350	250	600	7.3	0

* Only clinics which are identified for Access to Care reporting are included on this report. *

===== End of Screen # 26b =====

===== Screen # 26c =====
NAVMEDCEN PORTSMOUTH VA 04 Aug 1999@1325 Page 3

ACCESS TO CARE SUMMARY REPORT
by CLINIC
*** WELLNESS APPOINTMENTS ***
Jul 1 1999 to Jul 31 1999

Division: A DIVISION
Department: INTERNAL MEDICINE

=====

Clinic/MEPRS
Provider
TRI CARE Status % Met # Met # Not Met # Appts Avg Days #Refuse

=====

ALLERGY CLINIC/BABA

BAKER, CLARA							
TRI CARE PRIME (AD)	90%	45	5	50	33.1	0	
TRI CARE PRIME (CHAMPUS)	70%	35	15	50	33.3	0	

CLARK, JOHN							
TRI CARE PRIME (AD)	90%	45	5	50	33.1	0	
TRI CARE PRIME (CHAMPUS)	70%	35	15	50	33.3	0	

Clinic Total :	80%	160	40	200	33.2	0
----------------	-----	-----	----	-----	------	---

FAMILY PRACTICE/BGAA

ANDERSON, MI CHAEL							
TRI CARE PRIME (AD)	80%	40	10	50	33.1	0	
TRI CARE PRIME (CHAMPUS)	10%	5	45	50	33.3	0	

WILLIAMS, FRED							
TRI CARE PRIME (AD)	80%	40	10	50	32.1	0	
TRI CARE PRIME (CHAMPUS)	10%	5	45	50	32.3	0	

Clinic Total :	45%	90	110	200	32.7	0
----------------	-----	----	-----	-----	------	---

INTERNAL MEDICINE/BAAP

RICHARDS, SARAH							
TRI CARE PRIME (AD)	80%	80	20	100	32.1	0	
TRI CARE PRIME (CHAMPUS)	20%	20	80	100	32.3	0	

Clinic Total :	50%	100	100	200	32.2	0
----------------	-----	-----	-----	-----	------	---

Division Total :	58%	350	250	600	32.2	0
------------------	-----	-----	-----	-----	------	---

* Only clinics which are identified for Access to Care reporting are included on this report. *

===== End of Screen # 26c =====

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